



FAX BACK TO (731) 584-3625 NO APPLICATION REFUSED

INSTRUCTIONS: PRINT OUT. FILL OUT. FAX BACK.

DEALERSHIP'S NAME			SALES PERSON/CONTACT		
APPLICANT			CO-APPLICANT		
FIRST NAME		MIDDLE	LAST		
FIRST NAME		MIDDLE	LAST		
SOCIAL SECURITY NUMBER		DATE OF BIRTH		SOCIAL SECURITY NUMBER	
SOCIAL SECURITY NUMBER		DATE OF BIRTH		SOCIAL SECURITY NUMBER	
DRIVERS LICENSE NUMBER & STATE			DRIVERS LICENSE NUMBER & STATE		
CURRENT STREET ADDRESS			CURRENT STREET ADDRESS		
CITY		STATE	ZIP		
CITY		STATE	ZIP		
OWN <input type="checkbox"/>	YEARS THERE	MONTHLY PAYMENT		OWN <input type="checkbox"/>	MONTHLY PAYMENT
RENT <input type="checkbox"/>				RENT <input type="checkbox"/>	
OTHER <input type="checkbox"/>				OTHER <input type="checkbox"/>	
MORTGAGE/LANDLORD			MORTGAGE/LANDLORD		
HOME PHONE		WORK PHONE		HOME PHONE	
()		()		()	
EMPLOYER		YEARS EMPLOYED		EMPLOYER	
EMPLOYER		YEARS EMPLOYED		EMPLOYER	
POSITION		MONTHLY GROSS SALARY		POSITION	
POSITION		MONTHLY GROSS SALARY		POSITION	
<small>SOURCE OF OTHER INCOME (ALIMONY, CHILD SUPPORT OR MAINTENANCE INCOME NEED NOT BE REVEALED IF YOU DO NOT WISH TO HAVE IT CONSIDERED AS A BASIS FOR REPAYING THIS OBLIGATION)</small>					
SOURCE OF OTHER INCOME		OTHER INCOME AMOUNT		SOURCE OF OTHER INCOME	
SOURCE OF OTHER INCOME		OTHER INCOME AMOUNT		SOURCE OF OTHER INCOME	
PREVIOUS EMPLOYER		TITLE	YEARS EMPLOYED	PREVIOUS EMPLOYER	
PREVIOUS EMPLOYER		TITLE	YEARS EMPLOYED	PREVIOUS EMPLOYER	
INSURANCE COMPANY		AGENT		AGENT'S PHONE	
INSURANCE COMPANY		AGENT		AGENT'S PHONE	
CREDIT INFORMATION			CREDIT INFORMATION		
NAME OF CREDITOR		BALANCE	PAYMENT	NAME OF CREDITOR	
NAME OF CREDITOR		BALANCE	PAYMENT	NAME OF CREDITOR	
BANK			BANK		
CHECKING ACCOUNT #			CHECKING ACCOUNT #		
SAVINGS ACCOUNT #			SAVINGS ACCOUNT #		

I CERTIFY THAT THE INFORMATION GIVEN IS TRUE, CORRECT AND COMPLETE AND IS GIVEN FOR THE PURPOSE OF OBTAINING CREDIT, AND YOU AND ANY OTHER CREDITOR OR PROSPECTIVE CREDITOR OF THE UNDERSIGNED OR ANY AGENCY EMPLOYED BY YOU OR ANY OF THEM ARE AUTHORIZED TO MAKE INVESTIGATIONS CONCERNING THE UNDERSIGNED OR CONCERNING THE ABOVE INFORMATION AND TO DISCLOSE TO EACH OTHER THE INFORMATION SET FORTH ABOVE AND THE RESULTS OF SUCH INVESTIGATIONS.

APPLICANT'S SIGNATURE _____ DATE _____

CO-APPLICANT'S SIGNATURE _____ DATE _____

FOR DEALER'S OR CREDITOR'S USE ONLY					
MARINE AND RECREATION VEHICLE					
NEW / USED (CIRCLE ONE)					
YEAR	MAKE	MODEL	SELLING PRICE		
BOAT/RV/OTHER			TAXES	+	
MOTOR(S)			OTHER FEES	+	
TRAILER			TRADE-IN LOAN PAYOFF	-	
TRADE-IN			TRADE-IN ALLOWANCE	+	
INVOICE AMOUNT			CASH DOWN PAYMENT	-	
PAYOFF ON TRADE TO			AMOUNT TO BE FINANCED	=	