

# Credit Application

FAX 281-446-0652

- Individual Credit - applying for credit in your own name and relying on your own income or assets and not the income or assets of another person as the basis for repayment of the credit requested (Complete Section A).
- Joint Credit - applying for joint credit with another person (Complete Sections A and B). Relationship to joint applicant or other party, if any \_\_\_\_\_
- Individual Credit - applying for credit in your own name and relying on your own income from alimony, child support, or separate maintenance or on the income or assets of another person as the basis for repayment of the credit requested (Complete Section A and B).

<b>REFERRED BY JEMNI</b>							Application Date		
Print Full Name		First	Middle	Last	Soc. Sec. Number			Date of Birth	
Present Address		Street Address		City	County	State	Zip Code	Home Phone No.	
Drivers License #	State	Rent by Month Lease <input type="checkbox"/> Own <input type="checkbox"/>		Landlord or Mortgage Holder		Mo. Pymt. or Rent \$		No. of Years Living There	
Previous Home Address	Street Address		City	County	State	Zip Code		No. of Years Living There	
Employed by Self <input type="checkbox"/> Others <input type="checkbox"/>	Name	Business Address, Number and Street			County	City	State	Bus. Phone No.	No. of Years Working There
Trade or Occupation	Salary or Wages		Name of Previous Employer			Address		No. of Years Working There	

**Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.**

Type of Other Income		Source				Monthly Amount \$	
Nearest Relative Not Living With You		Name	Address			Phone No.	Relationship
Personal Friend or Personal Reference		Name	Address			Phone No.	Known How Long?
Bank Account	Name of Bank		Branch Name and City		Checking Savings <input type="checkbox"/> No Account <input type="checkbox"/>	Checking Account No.	
Last Car Financed	Name of Creditor		Balance Due or Date Paid		Trading in this Car? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Type of Credit	List All Obligations	Name of Company	Address	High	Balance	Monthly Payments or Date Closed
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$

Have you ever had any property repossessed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have any suits pending against you? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you filed bankruptcy in the last 14 years? <input type="checkbox"/> Yes <input type="checkbox"/> No	Military Reserve? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Active <input type="checkbox"/> Inactive
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**Information about spouse or co-applicant (use extra sheets if necessary)**

Print Full Name		First	Middle	Last	Soc. Sec. Number			Date of Birth	
Present Address		Street Address		County	Zip Code		Home Phone No.		
Rent by Month Lease <input type="checkbox"/> Own <input type="checkbox"/>	Landlord or Mortgage Holder		Mo. Pymt. or Rent \$		No. of Years Living There				
Previous Home Address	City		County	State	No. of Years Living There				
Employed by Self <input type="checkbox"/> Others <input type="checkbox"/>	Name	Business Address, Number and Street			County	City	State	Bus. Phone No.	No. of Years Working There
Trade or Occupation	Salary or Wages		Name of Previous Employer			Address		No. of Years Working There	

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Type of Other Income		Source				Monthly Amount \$	
Nearest Relative Not Living With You		Name	Address			Phone No.	Relationship
Personal Friend or Personal Reference		Name	Address			Phone No.	Known How Long?
Bank Account	Name of Bank		Branch Name and City		Checking Savings <input type="checkbox"/> No Account <input type="checkbox"/>	Checking Account No.	
Last Car Financed	Name of Creditor		Balance Due or Date Paid		Trading in this Car? <input type="checkbox"/> Yes <input type="checkbox"/> No		

**INSURANCE - If you wish to apply for vehicle insurance in connection with this credit application, complete the following.**

Previous Insurance Company or Agent, (Name and Address)		Policy No.		Where will vehicle be garaged?	
Has your insurance ever been cancelled by any company? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, why?	No. of insurance losses in the past five years?		Total amount of losses?	

I certify that the above information is complete and accurate. I authorize an investigation of my credit and employment history and the release of information about my credit experience. The financial institution named below may be requested to purchase a sales finance contract written, or to be written, in connection with your purchase. You are notified pursuant to the Fair Credit Reporting Act, that your application may be submitted to them.

FINANCIAL INSTITUTION \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date