



DATE _____
 CAR _____
 SALESMAN _____

CREDIT APPLICATION

Verified by _____
 Social Security # _____ Driver's License # _____
 Last Name _____ First Name _____ Middle Name _____
 Address _____ Apt # _____
 City _____ State _____ Zip _____ How Long _____
 Phone # () _____ Listed Under What Name? _____
 Mobile # () _____ Date of Birth _____
 Name of Apartment/Landlord _____ Phone # () _____
 Address _____ City _____ State _____ Zip _____
 Previous Address _____ City _____ State _____ Zip _____ How Long _____

EMPLOYMENT INFORMATION

Verified by _____
 Employer _____ Phone # () _____
 Company Address _____ City _____ State _____ Zip _____
 Position _____ How Long _____ Pay Dates _____ Wage/Salary _____
 Supervisor's Name _____ Your Hours _____ Days Off _____
 Second Place of Employment _____ Phone # () _____
 Company Address _____ City _____ State _____ Zip _____
 Your Previous Employer _____ How Long Employed _____ Phone # () _____

Spouse/Roommate Information **MUST** be Filled Out

SPOUSE AND/OR ROOMMATE'S NAME		BIRTH DATE	DRIVER'S LICENSE #
SPOUSE AND/OR ROOMMATE'S EMPLOYER INFORMATION	ADDRESS		CITY/STATE
OCCUPATION	DAYS OFF	HOW LONG	SUPERVISOR
SOCIAL SECURITY #	PAY DATES	WAGE/SALARY	PHONE #

LOCAL REFERENCES MUST BE PROVIDED FOR APPROVAL (Minimum of 3 Relatives)

<input type="checkbox"/> Verified by _____	
CLOSEST RELATIVE NAME	RELATIONSHIP
ADDRESS	PHONE # (INCLUDE AREA CODE)
WHERE EMPLOYED	

2 <input type="checkbox"/> Verified by	
CLOSEST RELATIVE NAME	RELATIONSHIP
ADDRESS	PHONE # (INCLUDE AREA CODE)
WHERE EMPLOYED	

3 <input type="checkbox"/> Verified by	
CLOSEST RELATIVE NAME	RELATIONSHIP
ADDRESS	PHONE # (INCLUDE AREA CODE)
WHERE EMPLOYED	

4 <input type="checkbox"/> Verified by	
REFERENCE NAME	RELATIONSHIP
ADDRESS	PHONE # (INCLUDE AREA CODE)
WHERE EMPLOYED	

5 <input type="checkbox"/> Verified by	
FRIEND NAME	RELATIONSHIP
ADDRESS	PHONE # (INCLUDE AREA CODE)
WHERE EMPLOYED	

6 <input type="checkbox"/> Verified by	
FRIEND NAME	RELATIONSHIP
ADDRESS	PHONE # (INCLUDE AREA CODE)
WHERE EMPLOYED	

7 <input type="checkbox"/> Verified by	
FRIEND NAME	RELATIONSHIP
ADDRESS	PHONE # (INCLUDE AREA CODE)
WHERE EMPLOYED	

Verified by _____ **GOVERNMENT FINANCIAL ASSISTANCE INFORMATION**

Describe any source of income assistance (social security, government assistance, pension, etc.)

Welfare _____ Child Support _____

Social Security _____ Church Assistance _____

Other Financial Information _____

Verified by _____ **FINANCIAL INFORMATION**

MONTHLY INCOME _____

What is your COMBINED HOUSEHOLD monthly income before taxes? _____

Your Bank _____ Address _____

Checking Account # _____ Savings Account # _____

Major Credit Card _____ Account # _____

Open Account _____ Account # _____

<input type="checkbox"/> Verified by _____	IN CASE OF EMERGENCY, NAME OF RELATIVE THAT DOES NOT LIVE WITH YOU			PHONE
HAVE YOU EVER DECLARED BANKRUPTCY?	WHEN	CHAPTER	DISCHARGE DATE	
HAVE YOU EVER HAD A REPOSSESSION OR JUDGEMENT? EXPLAIN:				
HAVE YOU EVER PURCHASED ANYTHING FROM FIRST CLASS CARS? EXPLAIN:				
HOW MUCH OF A CASH DOWN PAYMENT DO YOU HAVE WITH YOU TODAY?				
HOW MUCH CAN YOU PAY MONTHLY?	MONTHLY INCOME: APPLICANT \$		CO-APPLICANT \$	
PERSONAL MONTHLY EXPENSES \$	OWN HOME?	RENT	MONTHLY \$	

I authorize FIRST CLASS CARS to check my credit worthiness and credit history and report my performance of this account to credit reporting agencies. To the best of my knowledge the above information is true and correct.

APPLICANT SIGNATURE **X** _____ DATE _____

CO-APPLICANT SIGNATURE **X** _____ DATE _____

How did you hear about us? TV Radio Yellow Pages Friend Relative Drive By
 Other Repeat Customer Magic Ads Referral Website