

CONSUMER FINANCIAL SERVICES

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10431 U.S. HWY. 19 PORT RICHEY, FL 34668

DEALER FUNDING CHECKLIST

CUSTOMER: _____

DEALER: _____

1. ___ Original installment sales contract (signed and dated)
2. ___ Customer's credit application (signed and dated)
3. ___ Readable copy of a valid FL driver's license on all signer's
4. ___ Original purchase order/ bill of sale (signed and dated)
5. ___ Key's to the vehicle (the ACTUAL key's Please)
6. ___ Proof of income (last two paystubs or three month's bank statements)
7. ___ Proof of residence (utility bill in applicant's name)
8. ___ Six complete references (name, address and phone #'s)
9. ___ Copy of buyer's guide (as-is form)
10. ___ Discount disclosure and buyer representation of cash price form
11. ___ Original C.F.S. arbitration form (signed and dated)
12. ___ Copy of the completed GAP form (if applicable)
13. ___ Proof of insurance with C.F.S. as lien holder, \$500. Deductible
(No "30 day" Comp/Collision Policies or binders accepted)
14. ___ State registration form (lien slip)

Additional C.F.S. requested items:

Please contact us immediately if you are unable to furnish all the items above. Thank You