



# AUTO CREDIT STATEMENT

INDIVIDUAL       JOINT  
 DATE \_\_\_\_\_ BRANCH NO. \_\_\_\_\_  
 DEALER \_\_\_\_\_ TAKEN BY \_\_\_\_\_  
 SALESMAN \_\_\_\_\_ TIME \_\_\_\_\_

## PERSONAL

LAST NAME					FIRST		INITIAL		CO-APPLICANT (CO-APP)		
AGE	DATE OF BIRTH	<input type="checkbox"/> MARRIED	<input type="checkbox"/> SEPARATED	# DEPENDENTS	PHONE		AGE	DATE OF BIRTH	SOCIAL SEC #		
SOCIAL SEC #		<input type="checkbox"/> UNMARRIED			DRIVER'S LICENSE #		DRIVER'S LICENSE #				

## RESIDENCE

STREET ADDRESS				CITY		STATE	ZIP	HOW LONG? YR MO	YEARS IN AREA		
OWN/RENT	<input type="checkbox"/> HOUSE	RENT	<input type="checkbox"/> APT	LIVE WITH	<input type="checkbox"/> PARENTS	<input type="checkbox"/> TRAILER	MORTGAGE BALANCE?	HOME VALUE			
<input type="checkbox"/> CONDO	<input type="checkbox"/> COOP	<input type="checkbox"/> CONDO	<input type="checkbox"/> HOUSE	<input type="checkbox"/> RELATIVE	<input type="checkbox"/> OTHER		MONTHLY HOUSING EXPENSE		<input type="checkbox"/> MEG PMT (INC TAXES); <input type="checkbox"/> RENT		
MORTGAGE HOLDER/LANDLORD				ADDRESS		PHONE	\$				
PREVIOUS ADDRESS (3 yr history required)						CITY	STATE	HOW LONG		YR MO	
PREVIOUS ADDRESS						CITY	STATE	HOW LONG		YR MO	
HOME OF RECORD (IF MILITARY)						CITY	STATE	HOW LONG		YR MO	

## EMPLOYMENT

EMPLOYER				HOW LONG? YR MO		CO-APP'S EMPLOYER				
ADDRESS				PHONE		ADDRESS				
JOB TITLE	SUPERVISOR			INCOME		<input type="checkbox"/> WK	PHONE		HOW LONG? YR MO	
				\$		<input type="checkbox"/> MO				
PREVIOUS EMPLOYER & ADDRESS (3 yr history required)				HOW LONG? YR MO		JOB TITLE		INCOME		<input type="checkbox"/> WK <input type="checkbox"/> MO
PREVIOUS EMPLOYER & ADDRESS				HOW LONG? YR MO		PREVIOUS EMPLOYER		HOW LONG? YR MO		

## CREDIT REFERENCE

ADDITIONAL INCOME - 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.			SOURCE	AMOUNT	BANK	<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS
CREDITOR	ADDRESS	OPENED	MTHLY PMT	BALANCE		

## REFERENCES

PERSONAL - NAME	ADDRESS	CITY	STATE	PHONE	
PERSONAL - NAME	ADDRESS	CITY	STATE	PHONE	
RELATIVE - NAME	RELATIONSHIP	ADDRESS	CITY	STATE	PHONE
RELATIVE - NAME	RELATIONSHIP	ADDRESS	CITY	STATE	PHONE

PREVIOUS CAR PURCHASED FROM	MAKE/MODEL	FINANCED BY (NAME/ADDRESS)	DATE PURCHASED	STILL OWING	MONTHLY INSTALLMENT
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<input type="checkbox"/> NEW	YEAR	MAKE	BODY STYLE	MODEL	CYLINDERS	SERIAL NO.	MILEAGE	COLOR
<input type="checkbox"/> USED								

SELLING PRICE	PER DEALER		ACTUAL EQUITY BASIS		<input type="checkbox"/> AUTO TRANS <input type="checkbox"/> AM/FM <input type="checkbox"/> TAPE <input type="checkbox"/> VINYL TOP <input type="checkbox"/> AIR COND.				
	\$		\$		<input type="checkbox"/> POWER BRAKES <input type="checkbox"/> POWER STEERING <input type="checkbox"/> POWER WINDOW <input type="checkbox"/> POWER SEAT				
	TRADE IN	\$	\$	OTHER ACCESSORIES:					
	OWES ON TRADE	\$	\$	TRADE IN	YEAR	MAKE	MODEL	BODY STYLE	
	NET ALLOWANCE	\$	\$	INSURANCE COVERAGE:					
CASH DOWN	\$	\$	% \$		<input type="checkbox"/> DEDUCTIBLE \$ _____ <input type="checkbox"/> FULL COVERAGE <input type="checkbox"/> COLLISION <input type="checkbox"/> COMPREHENSIVE				
TOTAL DOWN	% \$	% \$			AGENT _____				
UNPAID BALANCE	\$			ADDRESS _____ PHONE _____					
GROSS CHARGE	\$			COVERAGE VERIFIED BY _____ DATE _____					
NOTE AMOUNT	\$								
PAYABLE IN _____ INSTALLMENTS OF \$ _____			RATE CHART USED						