APPLICATION FOR CREDIT

BRANCH/DEALER

If applying jointly, please initial here: _____ applicant _____ joint applicant

APPLICANT

FIRST MI LAST

FULL NAME ☐ SR ☐ JR

DATE OF BIRTH | AGE | SOCIAL SECURITY NUMBER – –

STREET ADDRESS | APT. # | HOW LONG YRS. MOS.

CITY | STATE | ZIP | HOME PHONE ( )

MAILING ADDRESS (IF DIFFERENT)

PREVIOUS ADDRESS | HOW LONG YRS. MOS.

CITY | STATE | ZIP | D.L.# STATE

☐ OWN/BUYING ☐ LIVE WITH RELATIVE ☐ RENT/LEASE ☐ OTHER _____ | MONTHLY PAYMENT $

MORTGAGE CO OR LANDLORD | MORTGAGE AMOUNT $

BANK NAME | CHECKING ACCT #

BANK NAME | SAVINGS ACCT #

EMPLOYER NAME | HOW LONG YRS. MOS.

EMPLOYER ADDRESS

POSITION/TITLE | WORK PHONE ( ) | GROSS MONTHLY SALARY

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 DEBT. | MONTHLY AMOUNT

OTHER INCOME SOURCE

PREVIOUS EMPLOYER | HOW LONG YRS. MOS.

AUTO CREDIT REFERENCE | TRADING YES NO | BALANCE $

OTHER CREDIT REFERENCE | BALANCE $

NEAREST RELATIVE (NOT LIVING WITH YOU) | RELATIONSHIP

ADDRESS | PHONE ( )

JOINT APPLICANT

FIRST MI LAST

FULL NAME ☐ SR ☐ JR

DATE OF BIRTH | AGE | SOCIAL SECURITY NUMBER – –

STREET ADDRESS | APT. # | HOW LONG YRS. MOS.

CITY | STATE | ZIP | HOME PHONE ( )

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OTHER INCOME SOURCE

PREVIOUS EMPLOYER | HOW LONG YRS. MOS.

AUTO CREDIT REFERENCE | TRADING YES NO | BALANCE $

OTHER CREDIT REFERENCE | BALANCE $

NEAREST RELATIVE (NOT LIVING WITH YOU) | RELATIONSHIP

ADDRESS | PHONE ( )

APPLICANT SIGNATURE(S): Everything stated in this application is true. The bank is authorized to check my/our credit and employment history and to provide information to others about your credit experience with me/us.

_____ SIGNATURE OF APPLICANT DATE

_____ SIGNATURE OF CO-APPLICANT DATE

New / Used	Year	Make	Model	Type	Vin	Mileage

Optional Equipment

Auto	A/C	4wd	Power Sunroof	Sunroof	Power Seats	Leather	CD

Alarm $ | Warranty $ | Trade-in (make – model – year)

CASH PURCHASE PRICE _____

CASH DOWN PAYMENT _____

GROSS TRADE ALLOW. _____

LESS PAYOFF _____

NET TRADE IN _____

TOTAL DOWN PAYMENT _____

AMOUNT REQUESTED _____

Invoice $

Term

RFK-158 rev 4-04