



Business Credit Application

DEALER INFORMATION

DEALER NAME: _____ DEALER NUMBER _____ PROGRAM TYPE: _____

BUSINESS INFORMATION

COMPANY NAME				PERSONAL GUARANTOR/CO-APPLICANT				
COMPANY NAME (INCLUDE DBA)				FIRST	MI	LAST	<input type="checkbox"/> SR <input type="checkbox"/> JR	
YEARS IN BUSINESS		FEDERAL ID NUMBER		STREET ADDRESS				
STREET ADDRESS				CITY	STATE	ZIP	HOME PHONE	
CITY	STATE	ZIP	BUSINESS PHONE	DATE OF BIRTH		AGE	SOCIAL SECURITY NUMBER	
BILLING ADDRESS				<input type="checkbox"/> OWN/BUYING <input type="checkbox"/> RENT/LEASE		<input type="checkbox"/> LIVE W/RELATIVE <input type="checkbox"/> OTHER	MONTHLY PAYMENT \$	
CITY		STATE	ZIP	MORTGAGE CO OR LANDLORD			MORTGAGE AMOUNT \$	
TRADE STYLE		<input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> NON PROFIT ORG.		<input type="checkbox"/> LIMITED LIABILITY <input type="checkbox"/> CORPORATION <input type="checkbox"/> U.S. GOVERNMENT <input type="checkbox"/> AGENCY		BANK NAME	BRANCH	
BANK NAME		BRANCH		EMPLOYER NAME		CHECKING ACCT# SAVINGS ACCT#		
LOAN OFFICER		PHONE		EMPLOYER ADDRESS				
<input type="checkbox"/> CHECKING ACCT. ACCT # <input type="checkbox"/> LOAN ACCOUNT ACCT #				POSITION/TITLE		WORK PHONE	GROSS ANNUAL SALARY	
ASSIGNED DRIVER'S LICENCE				ALIMONY, CHILD SUPPORT OR SEPARATE MAINTENANCE INCOME NEED TO BE REVALED, IF YOU DO NOT WISH TO HAVE IT CONSIDERED AS A BASIS FOR REPAYING THIS DEBT			ANNUAL AMOUNT \$	
DRIVER'S HOME ADDRESS				OTHER INCOME SOURCE				ANNUAL AMOUNT \$
DRIVER'S POSITION IN COMPANY		DRIVER'S LICENSE NUMBER		PREVIOUS EMPLOYER OR SCHOOL			HOW LONG?	
DRIVER'S SOCIAL SECURITY NUMBER		STATE ISSUING DRIVER'S LICENSE						
REFERENCES								
PREVIOUS VEHICLE <input type="checkbox"/> LEASED <input type="checkbox"/> FINANCED		NAME OF FIRM		AUTO CREDIT REFERENCE		TRADING? YES/NO	BALANCE \$	
ADDRESS		PHONE	OPEN/PAID/TRADE?	OTHER CREDIT REFERENCE			BALANCE \$	
PREVIOUS VEHICLE <input type="checkbox"/> LEASED <input type="checkbox"/> FINANCED		NAME OF FIRM		NEAREST RELATIVE (NOT LIVING WITH YOU)			RELATIONSHIP	
ADDRESS		PHONE	OPEN/PAID/TRADE?	ADDRESS			PHONE	
CREDITOR'S NAME			PHONE	ADDITIONAL REFERENCE			RELATIONSHIP	
NAME			PHONE	ADDRESS			PHONE	

Applicant's Signature

Co-Applicant's Signature