



Business Credit Application

DEALER INFORMATION

DEALER NAME: _____ PROGRAM TYPE: _____
 DEALER NUMBER _____

BUSINESS INFORMATION

COMPANY NAME	PERSONAL GUARANTOR/CO-APPLICANT
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COMPANY NAME (INCLUDE DBA)	FIRST	MI	LAST	<input type="checkbox"/> SR <input type="checkbox"/> JR
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YEARS IN BUSINESS	FEDERAL ID NUMBER	STREET ADDRESS
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STREET ADDRESS	CITY	STATE	ZIP	HOME PHONE
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CITY	STATE	ZIP	BUSINESS PHONE	DATE OF BIRTH	AGE	SOCIAL SECURITY NUMBER
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BILLING ADDRESS	<input type="checkbox"/> OWN/BUYING <input type="checkbox"/> LIVE W/RELATIVE <input type="checkbox"/> RENT/LEASE <input type="checkbox"/> OTHER	MONTHLY PAYMENT
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CITY	STATE	ZIP	MORTGAGE CO OR LANDLORD	MORTGAGE AMOUNT
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TRADE STYLE <input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> LIMITED LIABILITY <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> CORPORATION <input type="checkbox"/> U.S. GOVERNMENT <input type="checkbox"/> NON PROFIT ORG. <input type="checkbox"/> AGENCY	BANK NAME	BRANCH	CHECKING ACCT#
	BANK NAME	BRANCH	SAVINGS ACCT#

BANK NAME	BRANCH	EMPLOYER NAME	HOW LONG?
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LOAN OFFICER	PHONE	EMPLOYER ADDRESS
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<input type="checkbox"/> CHECKING ACCT. ACCT # <input type="checkbox"/> LOAN ACCOUNT ACCT #	POSITION/TITLE	WORK PHONE	GROSS ANNUAL SALARY
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ASSIGNED DRIVER'S LICENCE	ALIMONY, CHILD SUPPORT OR SEPARATE MAINTENANCE	ANNUAL AMOUNT
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DRIVER'S HOME ADDRESS	INCOME NEED TO BE REVALED, IF YOU DO NOT WISH TO HAVE IT CONSIDERED AS A BASIS FOR REPAYING THIS DEBT	\$
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DRIVER'S POSITION IN COMPANY	DRIVER'S LICENSE NUMBER	OTHER INCOME SOURCE	ANNUAL AMOUNT
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DRIVER'S SOCIAL SECURITY NUMBER	STATE ISSUING DRIVER'S LICENSE	PREVIOUS EMPLOYER OR SCHOOL	HOW LONG?
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REFERENCES

PREVIOUS VEHICLE	NAME OF FIRM	AUTO CREDIT REFERENCE	TRADING? YES/NO	BALANCE
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ADDRESS	PHONE	OPEN/PAID/TRADE?	OTHER CREDIT REFERENCE	BALANCE
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PREVIOUS VEHICLE	NAME OF FIRM	NEAREST RELATIVE (NOT LIVING WITH YOU)		RELATIONSHIP
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ADDRESS	PHONE	OPEN/PAID/TRADE?	ADDRESS	PHONE
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CREDITOR'S NAME	PHONE	ADDITIONAL REFERENCE	RELATIONSHIP
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NAME	PHONE	ADDRESS	PHONE
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Applicant's Signature

Co-Applicant's Signature

Date _____

Date _____