

Applicant

First Name		M. Initial	Last Name		SR, JR, III
Present Address					Do You (Check One) <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other
City		State	Zip	Years at Residence	
() -	-	-	/ /	\$	
Home Phone		Social Security #		Birth Date	Mo. Payment
		\$,			
Your Employer		How Long (yrs)	Total Annual Income		# of Dependents
() -					
Business Phone		If Employment Time is Less than 2 years, how long at previous job.		How Long (yrs)	

Co-Applicant

First Name		M. Initial	Last Name		SR, JR, III
Present Address					Social Security #
City		State	Zip	Birth Date	
() -	() -			<input type="checkbox"/> Spouse <input type="checkbox"/> Other	
Home Phone		Business Phone		Relationship to Applicant	
		\$,		If Employment Time is Less than 2 years, how long at previous job.	
Your Employer		How Long (yrs)	Total Annual Income		How Long (yrs)

Trade - In

Product Type	<input type="checkbox"/> RV	<input type="checkbox"/> Boat	<input type="checkbox"/> Trailer	<input type="checkbox"/> Auto	<input type="checkbox"/> Motorcycle
Make	Model				
Year	Length (ft)	<input type="checkbox"/> New	<input type="checkbox"/> Used	\$	
				If New, Invoice Price	If Used, Mileage

Sales Info

X	Applicant Signature	Date	X	Co-Applicant Signature	Date
\$	Cash Sale Price	\$	\$	Less Amount Owed on Trade In	\$
\$	Accessories	\$	\$	Net Trade In	\$
\$	Sales Tax	\$	\$	Total Down Payment	\$
\$	Cash Down Payment	\$	\$	Unpaid Cash Sales Price	\$
\$	Gross Trade In	\$	\$	Filing Fee	\$
					Amount Financed

Contact Name	Store Number
Store Fax	Store Phone