



FINANCE DEPARTMENT PHONE: 408-558-9433

FINANCE DEPARTMENT FAX: 408-558-9529

<b>DEALER NAME</b>									
<b>APPLICANT INFORMATION</b>				<b>CO-APPLICANT INFORMATION</b>					
FIRST NAME, MIDDLE, LAST				FIRST NAME, MIDDLE, LAST					
SOCIAL SECURITY NUMBER	BIRTH DATE	US CITIZEN?	MARRIED	SOCIAL SECURITY NUMBER	BIRTH DATE	US CITIZEN?	MARRIED		
		YES <input type="checkbox"/>	Unmarried <input type="checkbox"/>			YES <input type="checkbox"/>	Unmarried <input type="checkbox"/>		
		NO <input type="checkbox"/>	Separated <input type="checkbox"/>			NO <input type="checkbox"/>	Separated <input type="checkbox"/>		
DRIVER'S LICENSE #				DRIVER'S LICENSE #					
CURRENT STREET ADDRESS (Provide previous address if under 2 years)				CURRENT STREET ADDRESS (Provide previous address if under 2 years)					
CITY	STATE	ZIP	HOW LONG?	CITY	STATE	ZIP	HOW LONG?		
HOME PHONE	WORK PHONE		CELL PHONE	HOME PHONE	WORK PHONE		CELL PHONE		
MAILING ADDRESS				MAILING ADDRESS					
MORTGAGE or LANDLORD NAME			OWN <input type="checkbox"/>	MORTGAGE or LANDLORD NAME			OWN <input type="checkbox"/>		
			RENT <input type="checkbox"/>				RENT <input type="checkbox"/>		
			OTHER <input type="checkbox"/>				OTHER <input type="checkbox"/>		
PURCHASE PRICE	BALANCE		MO. PAYMENT	PURCHASE PRICE	BALANCE		MO. PAYMENT		
PREVIOUS ADDRESS	CITY	STATE	ZIP	HOW LONG?	PREVIOUS ADDRESS	CITY	STATE	ZIP	HOW LONG?
CURRENT EMPLOYER			YEARS	CURRENT EMPLOYER			YEARS		
OCCUPATION/TITLE			Gross Mo. Income	OCCUPATION/TITLE			Gross Mo. Income		
ADDRESS, CITY, STATE				ADDRESS, CITY, STATE					
Previous Employer (If less than 2 years at current employer)			YEARS	PREVIOUS EMPLOYER (If less than 2 years at current employer)			YEARS		
OTHER SOURCE OF INCOME PER MONTH				OTHER SOURCE OF INCOME PER MONTH					
<b>** (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)</b>				<b>** (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)</b>					
EMAIL ADDRESS				EMAIL ADDRESS					
HAVE YOU HAD ANY JUDGEMENTS, FORECLOSURES OR BANKRUPTCIES IN THE PAST 10 YEARS? <span style="float: right;">YES <input type="checkbox"/> NO <input type="checkbox"/></span>				HAVE YOU HAD ANY JUDGEMENTS, FORECLOSURES OR BANKRUPTCIES IN THE PAST 10 YEARS? <span style="float: right;">YES <input type="checkbox"/> NO <input type="checkbox"/></span>					
EXPLAIN:				EXPLAIN:					

I certify that the information given is true, correct and complete and is given for the purpose of obtaining credit and Marine Coast Financial and any other creditor or prospective creditor of the undersigned or any agency employed by you or any of them are authorized to make investigations including credit inquiries and employment verifications concerning the undersigned or concerning the above information and to disclose to each other the information set forth above and the results of such investigations.

ANY FAX TRANSMISSION OF MY SIGNATURE WILL BE HELD EQUALLY ENFORCEABLE AS MY GENIUNE SIGNATURE

APPLICANT'S SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

CO-APPLICANT'S SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_