

CAR COUNSELORS CREDIT APPLICATION

APPLICANT INFORMATION

Name (Print):		
Date of Birth:	SSN:	Phone:
Current address:		
City:	State:	ZIP Code:
Own Rent <i>(Please circle)</i>	Monthly Payment or Rent:	How long?

INCOME INFORMATION

Current employer:		
Employer address:		Time Employed:
Phone:	Type of Business:	E-mail:
City:	State:	ZIP Code:
Position:	Hourly or Salaried	Gross Annual income: \$
Other Sources of Income Amount:	\$	Type:

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.

Name of a relative not residing with you:		
Address:		Phone:
City:	State:	ZIP Code:
Relationship:		

FOR THE PURPOSE OF OBTAINING THIS CREDIT, I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I GIVE AUTHORIZATION TO CHECK MY CREDIT AND EMPLOYMENT HISTORY AND TO PROVIDE AND/OR OBTAIN INFORMATION ABOUT MY CREDIT EXPERIENCE.

Signature:	Date
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We intend to apply for Joint Credit	Applicant (Initials Only)	Co-Applicant (Initials Only)
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~~~~~ CAR COUNSELORS USE ONLY ~~~~~

Make	Model	Year
VIN#	Price of Auto	Down Payment
Loan Amount	Comments	Other

Please submit completed form to Allan@carcounselors.com