

AUTO DEPOT VI

Auto Credit Application

Name:		Date Birth:		SSN:	
Current Address:				Phone:	
City:		State:		ZIP:	
Own	Rent	(Please circle)		Monthly payment or rent:	How long?
Previous Address:					
City:		State:		ZIP:	
Owned	Rented	(Please circle)		Monthly payment or rent:	How long?
Employment Information					
Current Employer:				How long?	
Employer Address:				Phone:	
Position:		Hourly Salary (Please circle)		Annual Income:	
Previous Employer:					
Address:				How long?	
Phone:		E-mail:		Fax:	
Position:		Hourly Salary (Please circle)		Annual Income:	
Name and relationship of a relative not living with you:					
Address:					
City:		State:	ZIP:	Phone:	
Co-Applicant Information, if for a joint account					
Name:		Date Birth:		SSN:	
Current Address:				Phone:	
City:		State:		ZIP:	
Own	Rent	(Please circle)		Monthly payment or rent:	How long?
Previous Address:					
City:		State:		ZIP:	
Owned	Rented	(Please circle)		Monthly payment or rent:	How long?
Employment Information					
Current Employer:				How long?	
Employer Address:				Phone:	
Position:		Hourly Salary (circle)		Annual Income:	
Previous Employer:					
Address:					
Phone:		E-mail:		Fax:	
Position:		Hourly Salary (circle)		Annual Income:	

AUTO DEPOT VI

Auto Credit Application

Name and relationship of a relative not living with you:

Address:

City:

State:

ZIP:

Phone:

Credit Cards

Name	Account No.	Current Balance	Monthly Payment

Mortgage Company

Account No.:

Address:

Auto Loans

Auto Loans	Account No.	Balance	Monthly Payment

Other Loans, Debts, or Obligations

Description	Account No.	Amount

Other Assets or Sources of Income

	Monthly Value: \$
	Monthly Value: \$

I/We authorize _____ to verify information provided on this form regarding credit and employment history.

Signature of Applicant

Date

Signature of Co-Applicant, if for joint account

Date