

Downtown Bedford Auto, Inc.

CREDIT APPLICATION

Application **MUST** be filled out completely and accurately

APPLICANT INFORMATION

Last Name:	First Name:	MI:
Date of birth:	SSN:	Phone:
Current Address:		
City:	State:	ZIP Code:
Own Rent (Please Circle)	Mortgage/Rent Amount:	How long? ___YR___MO
Previous address (IF Less Than 3 mo. at Current):		
City:	State:	ZIP Code:
How long? ___YR___MO		

EMPLOYMENT INFORMATION

Current Employer:		
Employer address:	How long? ___YR___MO	
Phone:		
City:	State:	ZIP Code:
Position:	Income: \$ ___/HR	If Salaried: \$ ___/MO
Previous Employer (If less than 3 mo. at Current Job):		
How Long:	Position:	Phone:

CO-APPLICANT INFORMATION, IF FOR A JOINT ACCOUNT

Relation to Applicant:		
Last Name:	First Name:	MI:
Date of birth:	SSN:	Phone:
Current Address:		
City:	State:	ZIP Code:
Own Rent (Please Circle)	Mortgage/Rent Amount:	How long? ___YR___MO
Previous address (IF Less Than 3 mo. at Current):		
City:	State:	ZIP Code:
How long? ___YR___MO		

EMPLOYMENT INFORMATION

Current Employer:		
Employer address:	How long? ___YR___MO	
Phon:		
City:	State:	ZIP Code:
Position:	Income: \$ ___/HR	If Salaried: \$ ___/MO
Previous Employer (If less than 3 mo. at Current Job):		
How Long:	Position:	Phone:

APPLICATION INFORMATION CONTINUED

Auto loans	Account no.	Balance	Monthly payment

For the purpose of securing credit, by signing below I certify that the above information is true and complete to the best of myu knowl- edge. I further certify that I have attained the age of majority (18 years of age or older),. I authorize Downtown Bedford Auto, Inc. to check my credit, residence and employment history and to provide and/or obtain information about my credit experiences.

I authorize Downtown Bedford Auto Inc. to obtain my credit check for the purpose of financial credit worthiness, and to share with third party financial and lending institutions for financing approval.

Signature of applicant:	Date:
Signature of co-applicant, if for joint account:	Date: