

CREDIT APPLICATION

Dealer Mid-State Camper Sales Ph. (618) 283-4396 Fax (618) 283-4395 Date _____
 Address 1103 US 40, Vandalia, IL 62471 Person Submitting _____ Time _____

<input type="checkbox"/> Individual Credit – relying on my income or assets <input type="checkbox"/> Joint Credit – We intend to apply for joint credit (Initials) _____
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FIRST NAME	M.I.	LAST NAME	STREET ADDRESS	CITY, STATE, ZIP CODE	HOW LONG AT ADDRESS (YRS.)
HOME PHONE #	CELL PHONE #	DRIVER LIC.#	SOCIAL SECURITY NUMBER		
DATE OF BIRTH	COUNTY YOU LIVE IN	PREVIOUS ADDRESS	CITY, STATE, ZIP CODE		HOW LONG AT ADDRESS (YRS.)
EMPLOYER(Present—Name, City, State)		EMPLOYER'S ADDRESS		BUSINESS PHONE	POSITION/TITLE
HOW LONG EMPLOYED (YRS.)	MONTHLY GROSS INCOME \$	PREVIOUS EMPLOYER (Name, City, State)			HOW LONG EMPLOYED (YRS.)
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.			OTHER INCOME (Monthly) \$	SOURCE OF OTHER INCOME	
~ OWN HOME ~ RENT	CURRENT MARKET VALUE	TITLE IN NAME(S) OF		BALANCE OWING	MONTHLY PAYMENT
LANDLORD OR MORTGAGE CO.		BANK REFERENCE		CHECKING ACCT. Y or N	SAVINGS ACCT. Y or N
NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU			RELATIONSHIP	PHONE	

Complete this section only if you are applying for joint credit

FIRST NAME	M.I.	LAST NAME	STREET ADDRESS	CITY, STATE, ZIP CODE	HOW LONG AT ADDRESS (YRS.)
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Are you a co-maker, endorser, or guarantor on any loan or contract? Yes ___ No ___ For whom? _____
 Are there any unsatisfied judgments against you? Yes ___ No ___ To whom? _____
 Have you ever filed bankruptcy? Yes ___ No ___ Year? _____

□□□□ IMPORTANT PLEASE READ □□□□ BEFORE YOUR CAMPER CAN LEAVE OUR LOT YOU MUST CONTACT YOUR INSURANCE COMPANY Your Ins. Company must provide us with proof of insurance & the information we need or your camper <u>will not</u> leave our lot. Your insurance information is required. You can help by providing as much information below as you can.
INSURANCE COMPANY _____ AGENT NAME/PH# _____ AGENT ADDRESS (Including street add.) _____ CITY, STATE, ZIP _____ POLICY # _____ DEDUCTIBLES: COLLISION _____ COMP _____ PHONE: _____

(Complete only if credit is to be secured.) Briefly describe the property to be given as security:			
YEAR	MAKE	MODEL	NEW/USED
CASH	_____ \$ _____		
TRADE IN	_____ \$ _____		
DOCUMENTARY FEE	_____ \$ _____		\$40.00
DIFFERENCE or Subtotal	_____ \$ _____		
TAX	_____ \$ _____		
PLUS PAYOFF	_____ \$ _____		
LIC, TITLE, FEES	95.00+10.00 Lic.Fee	_____ \$ _____	
ADDITIONAL	_____ \$ _____		
DOWN PAYMENT	_____ \$ _____		
TOTAL TO FINANCE	_____ \$ _____		
RATE/MONTHS	PAYMENT		
OTHER INFO	_____		

Everything that I have stated in this application and any attached sheets is correct to the best of my knowledge. I understand that you will retain this application whether or not it is approved. You are authorized to check my credit and employment history and to answer questions about your credit experience with me.

APPLICANT'S SIGNATURE _____ DATE _____ JOINT APPLICANT'S SIGNATURE (IF ANY) _____ DATE _____

ALL PERSONS NAMED ON CREDIT APPLICATION MUST BE PRESENT FOR SIGNING OF ALL PAPERWORK