

Please fax this completed and signed credit application & the buyers order to: (877) 341-APPS (2777)



		Dealer Name		Dealer State		
Buyer	First Name Middle Initial Last Name		Date of Birth / /		Social Security Number / /	
	Current Physical Address (Number and Street)		City, State & Zip Code		Drivers License #	
	<input type="checkbox"/> Single <input type="checkbox"/> Buying <input type="checkbox"/> Own Free & Clear <input type="checkbox"/> Married <input type="checkbox"/> Renting <input type="checkbox"/> Living with Parents <input type="checkbox"/> Other <input type="checkbox"/> Yes <input type="checkbox"/> Separated <input type="checkbox"/> No		Rent or Mortgage Payment \$		Mortgage Holder/Landlord	
	Previous Address (Street, City, State and Zip Code) (Complete if less than three years at present address)				Time at Residence _____ Years _____ Months	
	Name of Personal Reference Not Living With You		Address of Personal Reference Not Living With You		Relationship	
Buyer Employment	Present Employer Name (If Self-Employed Please List Business Name) (If Retired enter RETIRED)		City, State		Employer's Area Code & Phone Number	
	Self-Employed <input type="checkbox"/> Yes <input type="checkbox"/> No		Buyer's Occupation or Job Title (if Military, State Rank)		Time At Job or Time Retired	
	If Yes, S Corp _____ C Corp _____ LLC _____ Partnership _____ Proprietor _____				_____ Years _____ Months	
	Gross Monthly Income Amount (Before taxes)		Type of Wages <input type="checkbox"/> W2 <input type="checkbox"/> 1099 <input type="checkbox"/> Other If Other, provide an explanation _____			
	Is there any additional income? If so, what is the source?		Additional Gross Monthly Income Amount*		What Kind of Income? <input type="checkbox"/> W2 <input type="checkbox"/> 1099 <input type="checkbox"/> Cash <input type="checkbox"/> Retirement/Pension <input type="checkbox"/> SS <input type="checkbox"/> Other If Other, provide an explanation _____	
Co-Buyer	Previous Employer (Complete if less than two years at present job or less than two years retired)		Occupation or Job Title		Time At Job or Time Retired _____ Years _____ Months	
	First Name Middle Initial Last Name		Date of Birth / /		Social Security Number / /	
	Current Physical Address (Number and Street)		City, State & Zip Code		Drivers License #	
	<input type="checkbox"/> Single <input type="checkbox"/> Buying <input type="checkbox"/> Own Free & Clear <input type="checkbox"/> Married <input type="checkbox"/> Renting <input type="checkbox"/> Living with Parents <input type="checkbox"/> Other <input type="checkbox"/> Yes <input type="checkbox"/> Separated <input type="checkbox"/> No		Rent or Mortgage Payment \$		Mortgage Holder/Landlord	
	Previous Address (Street, City, State and Zip Code) (Complete if less than three years at present address)				Time at Previous Residence _____ Years _____ Months	
Co-Buyer Employment	Present Employer Name (If Self-Employed Please List Business Name) (If Retired enter RETIRED)		City, State		Employer's Area Code & Phone Number	
	Self-Employed <input type="checkbox"/> Yes <input type="checkbox"/> No		Co-Buyer's Occupation or Job Title (if Military, State Rank)		Time At Job or Time Retired	
	If Yes, S Corp _____ C Corp _____ LLC _____ Partnership _____ Proprietor _____				_____ Years _____ Months	
	Gross Monthly Income Amount (Before taxes)		Type of Wages <input type="checkbox"/> W2 <input type="checkbox"/> 1099 <input type="checkbox"/> Other If Other, provide an explanation _____			
	Is there any additional income? If so, what is the source?		Additional Gross Monthly Income Amount*		What Kind of Income? <input type="checkbox"/> W2 <input type="checkbox"/> 1099 <input type="checkbox"/> Cash <input type="checkbox"/> Retirement/Pension <input type="checkbox"/> SS <input type="checkbox"/> Other If Other, provide an explanation _____	
Previous Employer (Complete if less than two years at present job or less than two years retired)		Occupation or Job Title		Time At Job or Time Retired _____ Years _____ Months		

\*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.

**Please answer the following questions to expedite the credit application process:**

- How much money do you anticipate using as a down payment (not including the trade allowance)? \_\_\_\_\_
- Whom can we call with the details of the credit application? Buyer \_\_\_\_\_ Co-Buyer \_\_\_\_\_
- Where should we contact you? Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_
- Email address \_\_\_\_\_
- When do you anticipate delivery? \_\_\_\_\_
- Previously owned boats or recreational vehicles (list largest, if several) \_\_\_\_\_
- If purchasing an RV, do you plan to live in the RV more than 6 months of the \_\_\_\_\_ year? Yes \_\_\_\_\_ No \_\_\_\_\_

Federal law requires the creditor to obtain, verify and record information that identifies you when you open an account. The creditor will use your name, address, and other information for this purpose.

Evidence of physical damage insurance on the collateral securing the credit you seek is required prior to closing. By submitting this application, you are authorizing Dealer/Priority One to disclose information contained in your application to an insurance carrier solely for the purpose of providing you with a premium quote for such insurance. You are, however, under no obligation whatsoever to purchase insurance from the insurance carrier providing the quote.

By signing below: You authorize Dealer/Priority One/affiliated entities and any financial institution to obtain any information pertaining to your trade payoff from the current finance company. You certify that everything stated in this application and on any attachments is true and correct. Dealer/Priority One/affiliated entities and any financial institution may keep this application whether or not it is approved. You authorize the above named Dealer/Priority One/affiliated entities and any financial institution to whom your application is submitted to check your credit and employment history and to obtain a consumer credit report in connection with this application or in connection with additional approval, extensions or collection of credit. You understand that you must update application information if your financial condition changes prior to closing of the credit transaction. Communication with Dealer/Priority One/affiliated entities and any financial institution may be recorded or monitored to assure the quality of service, for training purposes or for other reasons. You agree that we and our assignees may try to contact you in writing, by email or using prerecorded and/or artificial voice messages, text messages and automatic telephone dialing systems, as the law allows. You also agree that we and our assignees may try to contact you in these and other ways at any address or telephone number you provide us, even if the telephone number is a cell phone number or the contact results in a charge to you.

FAIR CREDIT REPORTING ACT DISCLOSURE: This application for credit may be submitted to various financial institutions.

We intend to apply for joint credit. Buyer's Initials \_\_\_\_\_ Co-Buyer's Initials \_\_\_\_\_

X \_\_\_\_\_ O \_\_\_\_\_  
 Buyer's signature Date Co-Buyer's signature Date