

Jim City Auto Sales

APPLICATION FOR DEALER ARRANGED LOANS

Full Name of Primary Applicant _____
Driver's License _____ **Date of Birth** _____
Social Security _____ - _____ - _____
Name of Auto Insurance _____
Present Street Address _____
Address (cont.) _____
City _____ **State** _____ **Zip Code** _____
County _____ **How Long?** _____ **Years** _____ **Months** _____

Previous Street Address _____
Address (cont.) _____
City _____ **State** _____ **Zip Code** _____
County _____ **How Long?** _____ **Years** _____ **Months** _____
Type of car to Buy? _____ **Home Phone ()** _____

**Name of Relative Not Living With
You At This address** _____
Street Address _____
Address (cont.) _____
Phone () _____ **Relationship** _____

Occupation _____ **Phone ()** _____
Employer _____ **Address** _____
_____ **How Long?** _____ **Years** _____ **Months** _____

Previous Occupation _____ **Previous Employer** _____
Address _____
How Long? _____ **Years** _____ **Months** _____
Gross Wage or Salary _____ **Weekly** _____ **Monthly** _____ **Yearly** _____
Name of Bank _____ **Branch** _____
Checking _____ **Savings** _____ **Other Income** _____
Weekly _____ **Monthly** _____ **Yearly** _____ **Source** _____

Applicant's Name _____ **Date** _____ **Joint**
Applicant's Name _____ **Date** _____