CREDIT APPLICATION

DEALER NAME		CONTACT PERSON	PHONE		FAX	

APPLICANT NAME		PHONE		SOCIAL SECURITY NUMBER		DATE OF BIRTH

CURRENT ADDRESS	CITY STATE ZIP		MONTHLY PAYMENT	R ENT	OWN	YRS THERE

PREVIOUS ADDRESS		CITY STATE ZIP		YRS THERE

EMPLOYER	OCCUPATION	PHONE	MONTHLY INCOME	OTHER INCOME	YRS THERE

SOURCE OF OTHER INCOME	PREVIOUS EMPLOYER	OCCUPATION	YRS THERE

CO-APPLICANT	PHONE	SOCIAL SERCUITY NIMBER	DATE BIRTH

CURRENT ADDRESS	CITY STATE ZIP		MONTHLY PAYMENT	RENT	OWN	YRS THERE

PREVIOUS ADDRESS		CITY STATE ZIP	YRS THERE

EMPLOYER	OCCUPATION	PHONE	MONTHLY INCOME	OTHER INCOME	YRS THERE

SOURCE OF OTHER INCOME	PREVIOUS EMPLOYER	OCCUPATION	YRS THERE

BOAT INFORMATION

NEW OR USED	YEAR	MAKE	MODEL	ENGINE MAKE	HP

TRAILER INFORMATION

NEW OR USED	YEAR	MAKE	MODEL

TRADE INFORMATION

YEAR	MAKE	MODEL	MOTOR	HP	TRAILER	YES	NO

BOAT PRICING DETALES / PERSONAL FINANCIAL STATEMENT

SALE PRICE	$	APPLICANT	ASSETS		OWED	CO-APPLICANT	ASSETS		OWED
TRADE	$	CASH IN BANKS	$	MORTAGE AMOUNT	$	CASH IN BANKS	$	MORTGSGE AMOUNT	$
TOTAL	$	STOCKS BONDS	$	AUTO LOANS	$	STOKS BONDS	$	AUTO LOANS	$
TAX, REG AND FEES	$	401 K	$	CREDIT CARDS	$	401 K	$	CREDIT CARDS	$
TRADE PAYOFF	$	RETIREMENT ACC	$	PERSONAL LOANS	$	RETIREMENT ACCT	$	PERSONAL LOANS	$
NET TRADE	$	REAL ESTATE	$	CREDIT LINES	$	REAL ESTETE	$	CREDIT LINES	$
CASH DOWN	$	TOTAL ASSETS	$	TOTAL LIABILITES	$	TOTAL ASSETS	$	TOTAL LIABILITIES	$
TOTAL DOWN CASH & TRADE	$								
AMOUNT FINANCED	$								

AUTHORIZE YOU TO OBTAIN INFORMATION FROM ANY SOURCE INCLUDING BUT NOT LIMITED TO ANY CREDIT AGENCY, MY EMPLOYER OR ANY OTHER SOURCE YOU DEEM NECESSARY TO GRANT CREDIT.

We intend to apply for joint credit.   applicant initial x_____ Co-Applicant initial x_____

APPLICANT ---DATE ----------------------CO-APPLICANT---DATE------------------