

**MARINE/RV APPLICATION**

Dealer: \_\_\_\_\_

Phone 800-888-5478 / Fax 800-956-1001

Contact: \_\_\_\_\_

Applicant				Co-Applicant				
Name				Name				
Present Street Address				Present Street Address				
City, State, Zip Code				City, State, Zip Code				
Years at Address	Home Phone Number	Date of Birth		Years at Address	Home Phone Number	Date of Birth		
Social Security Number		Drivers License Number		Social Security Number		Drivers License Number		
Previous Address			Yrs. At Prev Address	Previous Address			Yrs. At Prev Address	
Nearest Relative (Not living in household)			Relationship	Address			Phone Number	
Employment								
Present Employer Name & Address				Phone Number	Present Employer Name & Address			Phone Number
Occupation		Supervisor		Occupation		Supervisor		
Yrs. Of Service	Salary Per Month \$ <input type="checkbox"/> Net <input type="checkbox"/> Gross			Yrs. Of Service	Salary Per Month \$ <input type="checkbox"/> Net <input type="checkbox"/> Gross			
Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis of repaying this obligation.				Other Income \$		Source		
Previous Employment						Years of Service		
Housing								
<input type="checkbox"/> Own <input type="checkbox"/> Land Contract <input type="checkbox"/> Rent <input type="checkbox"/> Other <input type="checkbox"/> Live with Parent/Relative		Name and Address				Monthly Payment \$		
Recreational Vehicle				Marine				
<input type="checkbox"/> New <input type="checkbox"/> Used				<input type="checkbox"/> New <input type="checkbox"/> Used				
Year	Make	Model#	Length	Year	Make	Model#	Length	
				Boat				
				Trailer				
<input type="checkbox"/> Camper	<input type="checkbox"/> Trailer	<input type="checkbox"/> Fifth Wheel	<input type="checkbox"/> Motor Home	Engine(s)			H/P	
Equipment: <input type="checkbox"/> Diesel <input type="checkbox"/> A/C <input type="checkbox"/> Auto Jacks <input type="checkbox"/> Cabinet Up <input type="checkbox"/> Awning <input type="checkbox"/> Generator <input type="checkbox"/> Satellite				Equipment: <input type="checkbox"/> Diesel <input type="checkbox"/> Generator <input type="checkbox"/> A/C <input type="checkbox"/> Electronics _____				
Additional:				Additional:				
MSRP	Invoice	Mileage		MSRP	Invoice			
Applicant(s)				Trade		Transaction		
Everything I have stated in this application is true to the best of my knowledge, and is an accurate statement of my obligations and the income upon which I will rely on to pay the credit requested. I understand that you will rely on this information in deciding whether or not to grant or continue credit to me. I also understand that you will retain this information whether or not my application is approved. You are authorized to check my credit and employment history and to answer questions about your credit experience with me.				Description of Trade-In		Selling Price \$		
				Balance Owed To:		Cash Down \$	Rebate \$	
				Trade-In Allowance \$		Trade Equity \$		
				Amount Owing \$		Amount to Finance \$		
				Trade Equity \$		Term Requested		
Signature of Applicant			Date					
Signature of Applicant			Date		If this application is for joint credit, complete all sections for the applicant and the co-applicant and acknowledge below. We intend to apply for joint credit.			
				Applicant Signature		Co-Applicant Signature		