

Credit Application



DEALER'S NAME: JR PETERS ROADSIDE AUTO	DEALER'S PHONE: 716-379-8699	DEALER'S FAX: 716-379-8057	CONTACT: SANDRA PETERS
--	--	--------------------------------------	----------------------------------

VEHICLE INFORMATION (PLEASE PRINT CLEARLY)			
YEAR:	MAKE:	MODEL:	MILEAGE:
CASH PRICE \$:	NET TRADE \$:	DOWN PAYMENT \$:	TOTAL AMOUNT \$:
OPTIONS:	NADA-RETAIL:	VIN #:	
	NADA-TRADE IN:	TRADE INFO:	

APPLICANT INFORMATION (PLEASE PRINT CLEARLY)			
NAME: (LAST)		NAME: (FIRST)	
ADDRESS:			SS #:
CITY:			D.O.B.:
HOME PHONE #:		CELL PHONE #:	EMAIL:
NAME, ADDRESS & PHONE # OF LANDLORD OR MORTGAGE HOLDER:			MONTHLY PAYMENT IS:
PREVIOUS ADDRESS (IF CURRENT LESS THAN 4 YEARS)			
NAME OF EMPLOYER:		ADDRESS OF EMPLOYER:	
BUSINESS PHONE #:		ANNUAL SALARY \$:	YEARS:
PREVIOUS EMPLOYER:		YEARS:	

REFERENCES PERSONAL - FAMILY		
NAME:	NAME:	NAME:
ADDRESS:	ADDRESS:	ADDRESS:
PHONE #:	PHONE #:	PHONE #:

- By signing this application:
- I authorize Dealer, and finance company, bank, other financial institution to which the Dealer submits my application ("you" or "your") to investigate my credit and employment history, obtain credit reports, and release information above your credit experience with our company as the law permits.
 - If an account is created, I authorized you to obtain credit report for the purpose of reviewing of taking collection action on the account or for other legitimate purpose associated with account.
 - I certify that I have read and agree to the terms of this application and that the information in it is complete and true.
 - I authorize to start a credit investigation based on the information voluntarily provided by me which is true and correct, and reflects all my current debts. In addition I authorized to obtain federal and state records of employment and income history, including State Employment Security Agency ("SESA"). A bankruptcy proceeding is not progress.

SIGNATURE OF APPLICANT:	DATE:
-------------------------	-------

2 FORMS OF ID REQUIRED NO EXCEPTIONS!		FOR RETAILER USE ONLY (Validation of Customer ID)		VERIFIED BY: SANDRA S PETERS, CEO	
RETAILER # JUNIOR PETERS ROADSIDE AUTO	ACCOUNT #	KEY #	AMOUNT OF INITIAL TRANSACTION		
APPLICANT 1 st ID TYPE/NUMBER <input type="checkbox"/> Driver's License <input type="checkbox"/> State Issued <input type="checkbox"/> Federal Government	ISSUANCE STATE	EXP. DATE	APPLICANT 2 nd ID (CREDIT CARD TYPE & ISSUER)	EXP. DATE	
JOINT APPLICANT 1 st ID TYPE/NUMBER <input type="checkbox"/> Driver's License <input type="checkbox"/> State Issued <input type="checkbox"/> Federal Government	ISSUANCE STATE	EXP. DATE	JOINT APPLICANT 2 nd ID (CREDIT CARD TYPE & ISSUER)	EXP. DATE	
RETAILER PHONE # 716-379-8699	RETAILER FAX # 716-379-8057	APPLICANT SIGNATURE MATCH <input type="checkbox"/> YES <input type="checkbox"/> NO		APPLICANT PHOTO MATCH <input type="checkbox"/> YES <input type="checkbox"/> NO	