

Dealer Name Adventure Time RV
 Dealer Phone #: 618-201-6108
 Dealer Fax #: 618-207-3921

1. Which unit are you interested in? _____
2. How much are you interested in borrowing? _____
3. What is your credit rating? Excellent (750 and above) Good (700-749) Fair (650-699) Poor (600-649) Bad (under 599)
4. Have you ever filed bankruptcy? _____

PLEASE PRINT - INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.

INSTRUCTIONS:

You may apply for credit in your name alone, whether or not you are married.

- (1) Please indicate whether you are applying for Individual Credit Joint Credit
 Community Property State Business Application

- (2) If you are applying for individual credit in your name and relying on your own income or assets and not the income or assets of another person as the basis for repayment of the credit requested, complete only Section A.

- (3) If you are applying for joint credit with another person, complete sections A and B. We intend to apply for joint credit.

Applicant

Co-Applicant

• If you are married and live in a community property state, please complete Section A about yourself and Section B about your spouse. You must sign this application. Your spouse must sign this application only if s/he wishes to be a Co-Applicant.

A. APPLICANT INFORMATION

Last Name		First Name		Middle Initial	Social Security Number		Birth Date	
Address		Apt # / Suite #	P.O. Box	Rural Route	City		State	Zip
Home Phone *	Cell Phone *	Residential Status <input type="checkbox"/> Mortgage <input type="checkbox"/> Rent <input type="checkbox"/> Family <input type="checkbox"/> Other			Time at Address ____ Yrs. ____ Mos.		Rent/Mtg. Pmt.	U.S. Citizen? _____
E-Mail Address			Driver's License No.		Driver's Lic. State	Time at Prev. Address ____ Yrs. ____ Mos.		If no, Citizenship?
Previous Full Address (if less than 2 years)			Apt # / Suite #	P.O. Box	Rural Route	City		State Zip
Employer Name				Employment Type <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Self-employed <input type="checkbox"/> Military <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Other				
Salary	Salary Type <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually			Occupation		Length of Employment ____ Yrs. ____ Mos.		Work Phone Number *
Previous Employer Name				Previous Employment Type <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Self-employed <input type="checkbox"/> Military <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Other				
Previous Occupation			Length of Employment ____ Yrs. ____ Mos.		Previous Work Phone Number			
Alimony, child support, or separate maintenance income need not be revealed if you do not choose to have it considered as a basis for repaying this obligation.								
Other Income (Monthly)		Source of Other Income						

B. CO-APPLICANT INFORMATION

Last Name		First Name		Middle Initial	Social Security Number		Birth Date		Relationship
Address		Apt # / Suite #	P.O. Box	Rural Route	City		State	Zip	
Home Phone *	Cell Phone *	Residential Status <input type="checkbox"/> Mortgage <input type="checkbox"/> Rent <input type="checkbox"/> Family <input type="checkbox"/> Other			How Long ____ Yrs. ____ Mos.		Rent/Mtg. Pmt. \$	U.S. Citizen? _____	
E-Mail Address			Driver's License No.		Driver's Lic. State	Time at Prev. Address ____ Yrs. ____ Mos.		If no, Citizenship?	
Previous Full Address (if less than 2 years)			Apt # / Suite #	P.O. Box	Rural Route	City		State Zip	
Employer Name				Employment Type <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Self-employed <input type="checkbox"/> Military <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Other					
Salary	Salary Type <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually			Occupation		Length of Employment ____ Yrs. ____ Mos.		Work Phone Number *	
Previous Employer Name				Previous Employment Type <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Self-employed <input type="checkbox"/> Military <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Other					
Previous Occupation			Length of Employment ____ Yrs. ____ Mos.		Previous Work Phone Number				
Alimony, child support, or separate maintenance income need not be revealed if you do not choose to have it considered as a basis for repaying this obligation.									
Other Income (Monthly)		Source of Other Income							

Comments

I consent to receive autodialed, pre-recorded and artificial voice telemarketing and sales calls and text messages from or on behalf of dealer (or any financing source to which dealer assigns my contract) at the telephone number(s) provided in this credit application, including any cell phone numbers. I understand that this consent is not a condition of purchase or credit.

Initial to consent here _____