

### APPLICANT

First Name, Middle, Last		Social Security #	Birth Date / /	Phone #
Street		City	State	Zip
Years at Address	Previous Address ( if less than 2 years at current )			Years at Address
<input type="checkbox"/> Rent <input type="checkbox"/> Buying <input type="checkbox"/> Lease <input type="checkbox"/> Other	Monthly Payment	Mortgage Holder or Landlord	Value	Balance of Mortgage
Name & Address of nearest Relative not living with you			Relationship	Phone #

### EMPLOYMENT

Present Employer - Address, City & State			Gross Income	<input type="checkbox"/> Month <input type="checkbox"/> Year
Employer Phone # ( )	Source of additional Income		Additional Income <input type="checkbox"/> Month <input type="checkbox"/> Year	
Job Title	Time on Job	TOTAL GROSS INCOME = \$ _____ <input type="checkbox"/> Month <input type="checkbox"/> Year		
Name & Address of Previous Employer			Job Title	Years Employed

### CO-APPLICANT

First Name, Middle, Last		Social Security #	Birth Date / /	Phone #
Street		City	State	Zip
Years at Address	Previous Address ( if less than 2 years at current )			Years at Address
<input type="checkbox"/> Rent <input type="checkbox"/> Buying <input type="checkbox"/> Lease <input type="checkbox"/> Other	Monthly Payment	Mortgage Holder or Landlord	Value	Balance of Mortgage

### EMPLOYMENT

Present Employer - Address, City & State			Gross Income	<input type="checkbox"/> Month <input type="checkbox"/> Year
Employer Phone # ( )	Source of additional Income		Additional Income <input type="checkbox"/> Month <input type="checkbox"/> Year	
Job Title	Time on Job	TOTAL GROSS INCOME = \$ _____ <input type="checkbox"/> Month <input type="checkbox"/> Year		
Name & Address of Previous Employer			Job Title	Years Employed

I/We understand that the information provided on this application is, to the best of our knowledge, complete and accurate. I/We understand that the financial institution(s) and / or Assurant Solutions DealerLinX will rely on this information to judge my/our credit worthiness, and will retain this application and information about me/us whether or not this application is approved. Further I/We authorize a full investigation of my/our credit record and employment history by Assurant Solutions DealerLinX and/or the financial institution(s). I/We authorize financial institutions to release information about its experience with me/us. I/We understand that false statements may subject me/us to criminal penalties.

Applicant Signature

Daytime Contact Phone #

Co-applicant Signature

E-mail Address

#### UNIT DATA

#### SALES FIGURES

NEW / USED (Circle One)			Unit sales price including options dealer fees and accessories	\$
Year	Make	Model	+ Tax	\$
RV/Boat/Other			+ Fees	\$
Motor			-Trade Allowance	\$
Motor			+Trade Payoff	\$
Trailer			-Cash Down	\$
Trade-In			=Amount Financed	\$
Pay off owed to:				
Submitting Dealer Name			Months requested	
Include new invoice or used bookout sheet with all applications			Fax all credit applications/answerbacks to DealerLinX @ (417) 725-2445	