Please fill out, sign and fax to (815) 385-3326

TOTAL PURCHASE PRICE $	AMOUNT REQUESTED $	TERM	SELLER OR DEALER NAME	DRIVER'S LICENSE NUMBER OF TITLE OWNER

MAKE	MODEL	ENGINE	YEAR	☐NEW ☐ USED	MILEAGE	KEY NO	SERIAL NUMBER

FIRST NAME _____ MIDDLE INITIAL _____ LAST NAME _____ DATE OF BIRTH (MO./DATE/YR) _____ / _____ / _____

STREET ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____ YEARS THERE _____

PREVIOUS HOME ADDRESS (IF LESS THEN 2 YEARS AT CURRENT) _____ CITY _____ STATE _____ ZIP CODE _____ YEARS THERE _____

Social Security |__|__|__|-|__|__|-|__|__|__|__| Home Phone _____ ☐ Own Home ☐ Rent ☐ Live with parents ☐ Other _____ No. Of Dependants (Including self) _____

Business Name of Employer _____ Position _____ Nature of Business _____ Business Phone _____

STREET ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____ YEARS THERE _____

PREVIOUS Employer (IF LESS THEN 2 YEARS AT CURRENT) _____ CITY _____ STATE _____ ZIP CODE _____ YEARS THERE _____

Primary Annual Salary$ _____ + *Other Income$ _____ = Total Annual Income $ _____ ☐ Retired ☐ Self Employed (Include Tax Return or Paystub)

*Source(s) of Other Income _____ ***IF THERE ARE OTHER SOURCES OF INCOME YOU WOULD LIKE US TO CONSIDER, PLEASE LIST THE INCOME SOURCE. ALIMONY, SEPARATE MAINTENANCE OR CHILD SUPPORT NEED NOT TO BE REVEALED IF YOU DO NOT WISH TO RELY ON IT.**

PLEASE GIVE US YOUR CREDIT REFERENCES

Name of Lender	Type of Account	Monthly Payment	
1. _____	_____	$ _____	**Mortgage/Rent Payment $** _____
2. _____	_____	$ _____	Checking Acct. Bank _____
3. _____	_____	$ _____	Savings Acct. Bank _____

Nearest friend or relative not living with you _____

STREET ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

COMPLETE FOR CO-APPLICANT

FIRST NAME _____ MIDDLE INITIAL _____ LAST NAME _____ Social Security |__|__|__|-|__|__|-|__|__|__|__|

STREET ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____ YEARS THERE _____

Business Name of Employer _____ City _____ State _____ Zip _____ Date of Birth (MO./DATE/YR) _____ / _____ / _____

Position _____ Nature of Business _____ Business Phone _____ Years There _____ *Total Annual Income $ _____

*Source(s) of Other Income _____ ***IF THERE ARE OTHER SOURCES OF INCOME YOU WOULD LIKE US TO CONSIDER, PLEASE LIST THE INCOME SOURCE. ALIMONY, SEPARATE MAINTENANCE OR CHILD SUPPORT NEED NOT TO BE REVEALED IF YOU DO NOT WISH TO RELY ON IT.**

SIGNATURES

Everything that I have stated in this application is correct to the best of my knowledge. I understand that you will retain this application whether or not it is approved. You are authorized to check my credit and employment history and to answer questions about your credit experience with me. I agree to notify the Bank in writing of any material change(s) in my financial condition.

_____ Applicant's Signature _____ Date _____ Co-Applicant Signature (when applicable) _____ Date