

**CREDIT APPLICATION**

**SENT BY** \_\_\_\_\_

**APPLICANT**

APPLICANT'S NAME (FIRST, MIDDLE INITIAL, LAST)		SOCIAL SECURITY NO.	DRIVER'S LICENSE NO.	DATE OF BIRTH	HOME TELEPHONE NO.
CURRENT ADDRESS (STREET, CITY, STATE & ZIP CODE) Street address MUST be shown.			NO. OF YEARS OWN	RENT	C/O PARENT OR RELATIVE OTHER MONTHLY PMTS
PREVIOUS ADDRESS (STREET, CITY, STATE & ZIP CODE)			NO. OF YEARS	DEPENDENTS (NO.) (AGES)	
EMPLOYER'S NAME & ADDRESS					
OCCUPATION	GROSS MONTHLY INCOME		NO. OF YEARS	BUSINESS TELEPHONE NO.	SELF EMPLOYED?
NAME AND ADDRESS OF PREVIOUS EMPLOYER				NO. OF YEARS	
NEAREST RELATIVE NOT LIVING WITH YOU	(NAME)	(ADDRESS)	(TELEPHONE NO.)	(RELATIONSHIP)	

**CO-APPLICANT**

APPLICANT'S NAME (FIRST, MIDDLE INITIAL, LAST)		SOCIAL SECURITY NO.	DRIVER'S LICENSE NO.	DATE OF BIRTH	HOME TELEPHONE NO.
CURRENT ADDRESS (STREET, CITY, STATE & ZIP CODE) Street address MUST be shown.			NO. OF YEARS OWN	RENT	C/O PARENT OR RELATIVE OTHER MONTHLY PMTS
PREVIOUS ADDRESS (STREET, CITY, STATE & ZIP CODE)			NO. OF YEARS	DEPENDENTS (NO.) (AGES)	
EMPLOYER'S NAME & ADDRESS					
OCCUPATION	GROSS MONTHLY INCOME		NO. OF YEARS	BUSINESS TELEPHONE NO.	SELF EMPLOYED?
NAME AND ADDRESS OF PREVIOUS EMPLOYER				NO. OF YEARS	
NEAREST RELATIVE NOT LIVING WITH YOU	(NAME)	(ADDRESS)	(TELEPHONE NO.)	(RELATIONSHIP WITH YOU)	

**THE FOLLOWING QUESTIONS APPLY TO BOTH APPLICANT AND CO-APPLICANT**

HAVE YOU EVER TAKEN BANKRUPTCY?	YES	NO	WHEN?	HAVE YOU EVER HAD ANYTHING REPOSSESSED?	YES	NO	WHEN?	ARE THERE ANY UNSATISFIED JUDGEMENTS AGAINST YOU?	YES	NO	AMOUNT \$
NAME OF LANDLORD OR MORTGAGE HOLDER		NAME OF TITLE HOLDER			CURRENT VALUE \$	MORTGAGE BALANCE \$	PAYMENT OR RENT \$				
CHECKING BANK NAME				SAVINGS BANK NAME							
YEAR, MAKE, MODEL OF AUTO OWNED				WHERE FINANCED			MONTHLY PAYMENTS \$				

**OUTSTANDING DEBTS** (Include charge accounts, installment contracts, credit cards, etc. include at least 2 credit references. Use separate sheet if necessary.)

NAME OF CREDITOR	ADDRESS	IN WHAT NAME OR NAMES IS THE ACCOUNT CARRIED	ACCOUNT NO.	DATE OPENED	UNPAID BALANCE	MONTHLY PAYMENTS

**DESCRIPTION OF GOODS BEING PURCHASED**

NEW OR USED	YEAR	MANUFACTURER	MODEL	TYPE	LENGTH	DELIVERD CASH	PRICE

**FINANCE TERMS REQUESTED**

Cash Down Payment	Amount Financed	No. Of Years	Sales Tax
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**CHAMPION DEALER SERVICES**  
936-445-1226  
FAX 936-445-2737

**TRADE-IN INFORMATION**

NEW OR USED	YEAR	MANUFACTURER	MODEL	TYPE	LENGTH	AMOUNT OWED ON UNIT	TRADE-IN ALLOWANCE

**IMPORTANT INFORMATION ABOUT THE PROCEDURES FOR RECEIVING FUNDING:** In compliance with the USA Patriot Act, Federal Law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you apply for credit, we will ask for your name, address, date of birth, and other information that will allow us to identify you. If your mailing address is a P.O. Box, a street address for yourself or a contact person MUST be provided. We may ask to see your driver's license or other identifying documents.

I hereby affirm that the foregoing information is true and correct and made for the purpose of obtaining credit. I authorize you to obtain additional information at any time from any source(s) and each such source is hereby authorized to provide you with such information. This application, in any event, shall be and remain the property of the Lender, and is subject to the completion and acceptance of additional credit application documents prior to any approved extension of credit. I authorize you to answer any questions by a third party concerning my loan on this credit application.

APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_ CO-APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_