

SALES REP.



1705 JEFFERSON DAVIS HWY,
STAFFORD VA 22554.
P: 540-318-6423 F: 540-318-6425
WWW.CARCORNEROFSTAFFORD.COM

SOURCE

CUSTOMER

LAST NAME FIRST NAME MI

SOCIAL SECURITY DATE OF BIRTH PERSON'S NAME WHOSE NAME APPEARS ON RESIDENCE ADDRESS HOW LONG ADDRESS
YRS MTS

ADDRESS STREET NAME APT# PHONE # NUMBER OF DEPENDENTS

CITY STATE ZIP CODE Person contact if we cannot reach you (Name + Phone)

OWN / RENT ? (CIRCLE) MONTHLY PAYMENT LANDLORD NAME AND ADDRESS LANDLORD PHONE NUMBER
OWN / RENT

PREVIOUS ADDRESS STREET APT# CITY STATE ZIP How long at previous address
YRS MTS

EMPLOYMENT

EMPLOYER NAME DEPT. OR OCCUPATION HOW LONG AT JOB

ADDRESS STREET NAME PHONE NUMBER EXTENSION

CITY STATE ZIP CODE SUPERVISOR GROSS INCOME \$ CIRCLE THE APPROPRIATE OPTION

PERVIOUS EMPLOYER NAME PREVIOUS EMPLOYER ADDRESS PHONE NUMBER HOW LONG

OTHER INCOME AMOUNT REQUIRED \$ OTHER INCOME SOURCE REQUIRED

BANK INFO

NAME OF BANK CHECK ACC. (MARK YES OR NO) SAVING ACC.
YES NO YES NO

BRANCH NAME OR ADDRESS PHONE NUMBER HOW LONG

REF. 1

LAST NAME FIRST NAME PHONE NUMBER

ADDRESS STREET APT# CITY STATE ZIP

REF. 2

LAST NAME FIRST NAME PHONE NUMBER

ADDRESS STREET APT# CITY STATE ZIP

By signing this I authorize the release of any information concerning myself to CAR CORNER OF STAFFORD INC., & the finance company financing my automobile. And I authorize the release of any information concerning myself to other financing providers that CAR CORNER OF STAFFORD INC. may select. I understand that the FEDERAL PRIVACY ACT, or other laws, rules, or regulations prohibits the disclosing of certain information without my expresses written approval and authority.I request your cooperation in releasing such information to the parties described above.

Applicant Signature:

[Signature Line]

Date:

[Date Line]