



PERSONAL & AUTO LOANS

**- CREDIT APPLICATION -**

**Form of Application**

- In Person       Dealer  
 Telephone       Mail

**Source**

- New       Renewal       Former Borrower

**If New**

- Newspaper       Radio  
 Direct Mail       Television  
 Sign       Recommend  
 NG       Sales Fin  
 Phone Book

Approved by: \_\_\_\_\_

**DEALER SECTION**

Date	Dealer	Cash Price \$	Down Payment \$	Amt. to be Financed \$	Terms @ \$	Merchandise
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**SECTION 1. INFORMATION REGARDING APPLICANT**

Date	Amount Requested \$	Payment Date Desired	Purpose of Loan	Follow Up
Name (Last)	First	Middle	Birth Date	Social Security No.
Address		County	(City)	(State)
			(Zip)	How Long YRS ____ MOS ____
Previous Address (if less than 2 years at above)		How Long?	Home Phone	Phone in whose name?      Relation: <input type="checkbox"/> Yourself <input type="checkbox"/> Friend <input type="checkbox"/> Relative
Message Phone #	Living With (Check all that apply) <input type="checkbox"/> Spouse <input type="checkbox"/> Children <input type="checkbox"/> Parents <input type="checkbox"/> Friends		Dependent's Ages	Are You? <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Roommates
Landlord/Mortgage Co.	Address	Phone	Do You <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other	Amount      Utilities in whose name?
Employer	Title	Work Phone (Ext.)	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	How Long      Shift
Employer Address		Paid: <input type="checkbox"/> Once a week <input type="checkbox"/> Twice a month <input type="checkbox"/> Once a month <input type="checkbox"/> Every other ____	Day of Week Paid	Take Home Salary      Supervisor      Dept.
Previous Employer (if less than 2 years)		How Long?	Have you filed for bankruptcy within the last 7 years? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Cell Phone	Do you want to be contacted by text or email? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have a checking account? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Bank
Car Information: Make	Model	Year	Color	VIN #
Other Income (Applicant need not disclose or rely upon alimony, child support or maintenance payment, unless Applicant so desires. If disclosed, secure following information: Source      Amount      Frequency      Received Pursuant to: <input type="checkbox"/> Court Order <input type="checkbox"/> Oral Understanding <input type="checkbox"/> Written Agreement <input type="checkbox"/> Other				Income from these sources: Monthly Net \$ _____

**SECTION 2. INFORMATION REGARDING JOINT APPLICANT (TYPICALLY SPOUSE) OR OTHER PERSON**

Please refer to instructions before completing the section.

D.O.B.

Last Name	First	Middle	Age	Relationship to Applicant, if any	Social Security No.	Driver's License No.
Address (Street)		(City)	(State)	(Zip)	Previous Address	How Long Yrs.
Employer	Address		Position		Phone	How Long Yrs.
Previous Employer	City		Department		How Paid	Monthly Net Income \$

**SECTION 3. CREDIT REFERENCES**

Creditor's Name	Code	Date Opened	High Credit	No. of Installments and Monthly Payment Amt.	Last Pay/Next Due	Unpaid Balance
(Auto Financed By) (1)				@		
(2)				@		
(3)				@		
(4)				@		
(5)				@		
(6)				@		
(7)				@		
(8)				@		

**DEBT RATIO** \_\_\_\_\_ %

**Total \$**

I/we have listed all debts owed as of this date for the purpose of securing credit from you. I/we make the above representations and I/we certify that the above information is true to the best of my/our knowledge. I/we further certify that I/we have attained the age of majority. You are authorized to check my/our credit history and employment to answer questions about your credit experience with me/us.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_      Other Signature If Applicable \_\_\_\_\_ Date \_\_\_\_\_

453 Sunset Avenue  
Rocky Mount, NC 27804

Phone: 252-977-7889  
Fax: 252-977-7492

1222 Ward Boulevard  
Wilson, NC 27893-1934

Phone: 252-243-1155  
Fax: 252-243-1188

618 N. Bickett Boulevard  
Louisburg, NC 27549

Phone: 919-496-1934  
Fax: 919-496-1575

1342-A N. Brightleaf Blvd.  
Smithfield, NC 27577

Phone: 919-938-2274  
Fax: 919-938-2275

621 Julian Allsbrook Highway  
Roanoke Rapids, NC 27870

Phone: 252-519-2133  
Fax: 252-519-2134