

CORPORATE / CONSTRUCTION
 W357 S8715 CHAPMAN LANE
 EAGLE, WI 53119
 262.594-3244 - 262.594.3277 (FAX)



BOAT SALES / BOAT SERVICE
 5167 STATE HWY 50
 DELAVAN, WI 53115
 262.740.BOAT (2628) - 262.740.2630 (FAX)

Applicant				Co-Applicant			
Full Name (First, Middle, Last)				Full Name (First, Middle, Last)			
Date of Birth		Social Security #		Date of Birth		Social Security #	
Street Address				Street Address			
City	State	Zip	Time at address yrs. mos.	City	State	Zip	Time at address yrs. mos.
No. of dependents		Home Phone		No. of dependents		Home Phone	
<input type="checkbox"/> Own	Mortgage/Landlord	Current Value	Monthly Payment	<input type="checkbox"/> Own	Mortgage/Landlord	Current Value	Monthly Payment
<input type="checkbox"/> Rent			\$	<input type="checkbox"/> Rent			\$
<input type="checkbox"/> Other				<input type="checkbox"/> Other			
Previous Street Address (if current is less than 3 years)				Previous Street Address (if current is less than 3 years)			
City	State	Zip	Time at address yrs. mos.	City	State	Zip	Time at address yrs. mos.
Employer	Position	Business Phone	Monthly gross income \$	Employer	Position	Business Phone	Monthly gross income \$
City	State	Zip	How long with employer yrs. mos.	City	State	Zip	How long with employer yrs. mos.
Previous employer (if current is less than 3 years)			Position	Previous employer (if current is less than 3 years)			Position
City	State	Zip	How long with employer yrs. mos.	City	State	Zip	How long with employer yrs. mos.
Additional Income							
I do not have to reveal alimony, child support, or maintenance income unless I wish to be considered as a basis for repayment.				Nature of additional income		Monthly amount \$	How long will it last? yrs. mos.
References							
Bank Reference (Name and City)				<input type="checkbox"/> Checking <input type="checkbox"/> Savings		Member of A.C.U. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Credit Union (Name and Phone)				Nearest relative not living with you (Name, Address and Phone)			
Credit Obligations (include those of co-applicant if different)							
Type	Creditor	Payment	Balance	Type	Creditor	Payment	Balance
Auto				Credit Account			
Credit Account				Other			
Have you ever filed bankruptcy?				How long ago?			
I certify that the information stated in this application is true, correct to the best of my knowledge and a complete statement of any financial condition. I understand that this application will be kept whether or not it is approved. You and any subsequent creditors are authorized to check my credit and employment history to answer questions about your experience with me and disclose credit information to each other.							
Applicants Signature				Date		Co-Applicant's Signature	
						Date	
Description							
Dealer Name / Number _____				New / Used _____ Trade-in _____			
Contact _____				Year _____ Year _____			
Sale Price including tax, lic., accessories _____				Make _____ Make _____			
Net Trade _____				Model _____ Model _____			
Less Downpayment _____				Miles _____ Miles _____			
Amount Financed _____				Term Req. _____			
Additional Comments: _____							