

Consolidated Solutions – Indirect Lending Credit Application

Dealer Name: _____

Are you currently a member of a Credit Union? **Yes / No** If so, which one? (Please circle below)

- | | | | | | | |
|-----------------|-------------|-------------|----------|-------------------|-------------|------------|
| BANSCO | BOWDOINHAM | BREWER | CASCO | CUMB. CTY. TCHRS. | EASTMILL | EMMC |
| GOVT. EMPLOYEES | GRTR. WTVL. | HEALTHFIRST | KSW | LINCOLN | MAINE STATE | NOTRE DAME |
| PENOBSCOT | SEBASTICOOK | ST CROIX | TACONNET | TOWN & COUNTRY | UNIVERSITY | WINSLOW |

Vehicle Information:

Make _____ **Model** _____ **2 DR / 4 DR V6 / V8**
VIN# _____ **Year** _____ **Mileage:** _____
Term _____

Vehicle Information

2 DR / 4 DR V6 / V8 **Mileage:** _____
Make _____ **Model** _____ **Term:** _____
VIN _____ **Year** _____

Options:

- | | | |
|------------|------------------------|-------------------|
| 4 x 4 | Allum/Alloy Wheels | Trailer Tow. Pkg. |
| A / C | Theft/Det./Recov. Sys. | 6' Bed / 8' Bed |
| Auto | Captain Chairs | Extended Cab |
| Tilt | Bedliner | Other Options: |
| Cruise | Running Board | _____ |
| Pwr. Wind. | Fiberglass Cap | _____ |
| CD Player | Snow Plow Pkg. W/plow | _____ |

- Price** \$ _____
Down \$ _____
Trade \$ _____
GAP \$ _____
Warranties \$ _____
LSI Fee \$ _____
Tax & Title \$ _____
Amt. To Dealer \$ _____

Applicant			
First Name	Initial	Last Name	
Social Security #	Drivers License #	Birthdate	
Home Phone #	No. of Dependents	Age of Dependents	
Current St. Address			Years There
City	State	Zip	
Employment & Income			
Current Employer			Hire Date
Street Address			
City	State	Zip	Work #
Position		Monthly Gross Income \$	
Other Monthly Income			
<input type="checkbox"/> Rent/Mortgage thru		Payment \$	

Co-Applicant			
First Name	Initial	Last Name	
Social Security #	Drivers License #	Birthdate	
Home Phone #	No. of Dependents	Age of Dependents	
Current St. Address			Years There
City	State	Zip	
Employment & Income			
Current Employer			Hire Date
Street Address			
City	State	Zip	Work #
Position		Monthly Gross Income \$	
Other Monthly Income			
<input type="checkbox"/> Rent/Mortgage thru		Payment \$	

Reference – Nearest Living Relative
 Name _____ Address _____ Phone Number _____

You agree that everything stated in this application, whether oral, written, or through a FAX machine, is true and correct to the best of your knowledge. The Credit Union or its agent is authorized to investigate your credit worthiness, employment history, and to obtain a credit report and to answer questions about their credit history with you. You understand that any false or misleading statements in your application may cause any loan to be in default. You agree that this application shall be the Credit Union's property whether or not this Credit Application is approved. You agree to fully insure any collateral offered against loss and damage. You may obtain this insurance through any insurance company of your choice, unless the Credit Union, for good cause, refuses to accept it. NOTICE: Consumer reports (credit reports) may be obtained in connection with this application. If you request, (1) you will be informed whether or not consumer reports were obtained; and (2) if reports were obtained, you will be informed of the names and addresses of the consumer reporting agencies (credit bureaus) that furnished the reports.

Applicants Signature	(Seal)	DATE
X		
Co-Applicants Signature	(Seal)	DATE
X		