

APPLICANT

CO-APPLICANT/CO-SIGNER

Full First Name, Middle Initial, Last Name of Applicant				Full First Name, Middle Initial, Last Name of Co-Applicant/Co-Signer			
Date of Birth (Month - Day - Year)		Social Security Number		Date of Birth (Month - Day - Year)		Social Security Number	
Physical Address- Number and Street (Apt. Number)			Home Phone Number	Physical Address- Number and Street (Apt. Number)			Home Phone Number
City, State, Zip Code			Years There	City, State, Zip Code			Years There
Mailing Address (if different) – Include PO Box				Mailing Address (if different) – Include PO Box			
Type of Obligation		Creditor/Landlord		Type of Obligation		Creditor/Landlord	
O OWN O RENT O OTHER				O OWN O RENT O OTHER			
Cell Phone Number		Work Phone Number		Cell Phone Number		Work Phone Number	
Email Address				Email Address			
Previous Home Address			Years There	Previous Home Address			Years There
Driver's License #	State	Issued	Expiration	Driver's License #	State	Issued	Expiration
Firm Name or Employer				Firm Name or Employer			
Position	Years There	Salary	<input type="radio"/> WEEK <input type="radio"/> BI-WEEK <input type="radio"/> MONTH <input type="radio"/> YEAR	Position	Years There	Salary	<input type="radio"/> WEEK <input type="radio"/> BI-WEEK <input type="radio"/> MONTH <input type="radio"/> YEAR
		<input type="radio"/> GROSS <input type="radio"/> NET				<input type="radio"/> GROSS <input type="radio"/> NET	
Name of Previous Employer		Position	Years There	Name of Previous Employer		Position	Years There
Other Income. Note: Alimony, child support, or separate maintenance income need not be revealed if you do not wish it to be considered as a basis for repaying this obligation.				Other Income. Note: Alimony, child support, or separate maintenance income need not be revealed if you do not wish it to be considered as a basis for repaying this obligation.			
Source		Amount		Source		Amount	
		<input type="radio"/> WEEK <input type="radio"/> MONTH <input type="radio"/> YEAR				<input type="radio"/> WEEK <input type="radio"/> MONTH <input type="radio"/> YEAR	
Checking Account: Name of Bank and Location			Balance	Checking Account: Name of Bank and Location			Balance
Savings Account: Name of Bank and Location			Balance	Savings Account: Name of Bank and Location			Balance
Name and Address of a close relative not living with you			Relationship	Name and Address of a close relative not living with you			Relationship
Customer of Bank	Second Mortgage/Creditor	Balance	Payment	Customer of Bank	Second Mortgage/Creditor	Balance	Payment
O YES O NO				O YES O NO			
Auto Loan O TRADE	Creditor	Balance	Payment	Auto Loan O TRADE	Creditor	Balance	Payment

Every statement I/we have made in this application is true and correct and has been made by me with the understanding that you will rely on it. I agree that if anything arises which changes any of the statements I have made, I will promptly tell you. You may request a credit report on me, and if I ask, you will tell me the name and address of the consumer reporting agency that furnished it. If you update, renew or extend my loan, you may request a new credit report without telling me. NOTE: By signing this application, you will authorize both the above dealer and Community Bank National Association, to whom your Contract may be assigned, to check your credit.

Notice of Intent to Furnish Negative Credit Reporting Information: We may report information about your account to the credit bureaus. Late payments, missed payments, or other defaults on your account may be reflected in your credit report.

ARE YOU A U.S. CITIZEN? YES NO

ARE YOU A U.S. CITIZEN? YES NO

1. _____
SIGNATURE OF APPLICANT Date

2. _____
SIGNATURE OF CO-APPLICANT/ CO-SIGNER Date