



Fax Application to
(440) 285-8602

*Notice: Alimony, child support, or other income need not be disclosed if you as the Applicant or Co-Applicant does not choose to have it considered for repaying this loan.

APPLICANT NAME		First	Middle	Last	Jr/Sr	Birth Date	Social Security #		
						/ /			
Address			City		State	ZIP	How long at address? <input type="checkbox"/> Rent <input type="checkbox"/> Own		
							Yrs Mo Other		
Previous Address if at current address less than 2 years			Previous City		State	ZIP	Phone		
Mortgage holder or Landlord name					Mtg holder/landlord Phone		Balance \$	Value \$	Pay/mo \$
Nearest Relative not living with you & their city					Phone		Relationship		
Present Employer name & address			Your job title		How long?	Phone	Total Annual Income		
					Yrs/Mo		Gross \$		
Previous Employer name if at current job less than 2 years			Your previous job title		How long?	Phone	Other income \$		
					Yrs/Mo		*Income source		

CO-APPLICANT NAME		First	Middle	Last	Jr/Sr	Birth Date	Social Security #		
						/ /			
Address			City		State	ZIP	How long at address? <input type="checkbox"/> Rent <input type="checkbox"/> Own		
							Yrs Mo Other		
Previous Address if at current address less than 2 years			Previous City		State	ZIP	Phone		
Mortgage holder or Landlord name					Mtg holder/landlord Phone		Balance \$	Value \$	Pay/Mo \$
Nearest Relative not living with you & their city					Phone		Relationship		
Present Employer name & city			Your job title		How long? Yrs/Mo	Phone	Total Annual Income		
							Gross \$		
Previous Employer name if at current job less than 2 years			Your previous job title		How long? Yrs/Mo	Phone	Other income \$		
							*Income source		

AUTHORIZATION I attest that information in this Application is complete and accurate and that false statements may subject me to criminal penalties. I authorize a full investigation of my credit record by the Dealer and its assigns, including financial institutions and financial services providers, and any creditor or business identified above may release information about its experience with me. I understand that financial institutions will be given a copy of this Application, that they will rely on this information to judge my credit worthiness, and that they will retain this Application and information whether or not this Application is approved. I understand that only individuals who are attempting to secure credit on my behalf will review this information, and that at any time I may discontinue this credit process by notifying the Dealer at the phone number below, or by notifying financial services providers that I speak to during the credit process that I do not want to proceed further.

Applicant's Signature _____				Date _____		Co-Applicant's Signature _____				Date _____	
Callback phone # ()				Callback phone # ()							
Type: Boat RV Trailer	Year	Make	Model/VIN	<input type="checkbox"/> new <input type="checkbox"/> used		Selling price \$					
Type: Boat Motor RV Trailer	Year	Make	Model/VIN	<input type="checkbox"/> new <input type="checkbox"/> used		(Add) Taxes \$					
Type: Boat Motor RV Trailer	Year	Make	Model/VIN	<input type="checkbox"/> new <input type="checkbox"/> used		(Add) Fees \$					
Trade: Auto Boat Motor RV	Year	Make	Model/VIN	Payoff/Amount Owed \$ _____		(Subtract) Trade \$					
Payoff owed to			Term of loan desired			(Add) Trade Payoff \$					
Special Instructions						(Subtract) Cash Down \$					
DLMR Trailer		Phone (440) 285-9017		Fax (440) 285-8602		Salesperson		Amount Financed \$			