

Como Auto Sales
and Service, Inc.
352-344-1411
352-726-4966 Fax



**AUTO
CREDIT
STATEMENT**

INDIVIDUAL JOINT
DATE _____ BRANCH NO. _____
DEALER _____ TAKEN BY _____
SALESMAN _____ TIME _____

PERSONAL

LAST NAME				FIRST	INITIAL	CO APPLICANT (CO-APP)				
AGE	DATE OF BIRTH	<input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNMARRIED	* DEPENDENTS	PHONE		AGE	DATE OF BIRTH	SOCIAL SEC #		
SOCIAL SEC #			DRIVER LICENSE #			DRIVER LICENSE #				

RESIDENCE

STREET ADDRESS				CITY	STATE	ZIP	HOW LONG? YR MO	YEARS IN AREA		
OWN/BUY <input type="checkbox"/> HOUSE <input type="checkbox"/> CONDO <input type="checkbox"/> COOP	RENT <input type="checkbox"/> CONDO <input type="checkbox"/> HOUSE	<input type="checkbox"/> APT <input type="checkbox"/> HOUSE	LIVE WITH <input type="checkbox"/> PARENTS <input type="checkbox"/> RELATIVE	<input type="checkbox"/> TRAILER <input type="checkbox"/> OTHER	MORTGAGE BALANCE?		HOME VALUE			
MORTGAGE HOLDER/ LAND LORD				ADDRESS		PHONE	MONTHLY HOUSING EXPENSE \$		<input type="checkbox"/> MTD PMT (inc taxes) <input type="checkbox"/> RENT	
PREVIOUS ADDRESS (3 yr. history required)					CITY	STATE	HOW LONG YR MO			
PREVIOUS ADDRESS					CITY	STATE	HOW LONG YR MO			
HOME OF RECORD ADDRESS (IF MILITARY)					CITY	STATE	HOW LONG YR MO			

EMPLOYMENT

EMPLOYER				HOW LONG? YR MO	CO APP'S EMPLOYER		
ADDRESS				PHONE	ADDRESS		
JOB TITLE	SUPERVISOR	INCOME \$		<input type="checkbox"/> WK <input type="checkbox"/> MO	PHONE	HOW LONG? YR MO	
PREVIOUS EMPLOYER & ADDRESS (3 yr history required)				HOW LONG? YR MO	JOB TITLE	INCOME \$	<input type="checkbox"/> WK <input type="checkbox"/> MO
PREVIOUS EMPLOYER & ADDRESS				HOW LONG? YR MO	PREVIOUS EMPLOYER	HOW LONG? YR MO	

CREDIT REFERENCE

CREDITOR	ADDRESS	AMOUNT \$	SOURCE	BANK	<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS

REFERENCES

PERSONAL - NAME	ADDRESS	CITY	STATE	PHONE	
PERSONAL - NAME	ADDRESS	CITY	STATE	PHONE	
RELATIVE - NAME	RELATIONSHIP	ADDRESS	CITY	STATE	PHONE
RELATIVE - NAME	RELATIONSHIP	ADDRESS	CITY	STATE	PHONE

PREVIOUS CAR PURCHASED FROM: _____ MAKE/ MODEL: _____ FINANCED BY (NAME/ ADDRESS): _____ DATE PURCHASED: _____ STILL OWING: _____ MONTHLY INSTALLMENT: _____

<input type="checkbox"/> NEW <input type="checkbox"/> USED	YEAR	MAKE	BODY STYLE	MODEL	CYLINDER	SERIAL NO.	MILEAGE	COLOR
SELLING PRICE		PER DEALER		<input type="checkbox"/> AUTO TRANS <input type="checkbox"/> AM/ FM <input type="checkbox"/> TAPE/ CD <input type="checkbox"/> VINYL TOP <input type="checkbox"/> AIR COND. <input type="checkbox"/> LEATHER				
TRADE IN	\$			<input type="checkbox"/> P. BRAKES <input type="checkbox"/> P. STEERING <input type="checkbox"/> P. WINDOW <input type="checkbox"/> P. SEAT <input type="checkbox"/> ALARM <input type="checkbox"/> CRUISE				
OWES ON TRADE	\$			OTHER ACCESSORIES:				
NET ALLOWANCE	\$			TRADE IN	YEAR	MAKE	MODEL	BODY STYLE
CASH DOWN	\$			INSURANCE COVERAGE:				
TOTAL DOWN	\$	%	\$	<input type="checkbox"/> DEDUCTIBLE \$ _____ <input type="checkbox"/> FULL COVERAGE <input type="checkbox"/> COLLISION <input type="checkbox"/> COMPREHENSIVE				
UNPAID BALANCE	\$			AGENT _____				
GROSS CHARGE	\$			ADDRESS _____ PHONE _____				
NOTE AMOUNT	\$			COVERAGE VERIFIED BY _____ DATE _____				
PAYABLE IN _____ INSTALLMENTS OF \$ _____		RATE CHART USED						

AUTHORIZATION

I authorize you to investigate my credit record and statements I've made. This application is your property and I understand you will return it whether or not I receive the credit I've asked for.

APPLICANT'S SIGNATURE	DATE / /	CO-APPLICANT'S SIGNATURE	DATE / /
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