



CONSUMER CREDIT APPLICATION

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OHIO LAWS AGAINST DISCRIMINATION REQUIRE THAT ALL CREDITORS MAKE CREDIT EQUALLY AVAILABLE TO ALL CREDITWORTHY CUSTOMERS AND THAT CREDIT REPORTING AGENCIES MAINTAIN SEPARATE CREDIT HISTORIES ON EACH INDIVIDUAL UPON REQUEST. THE OHIO CIVIL RIGHTS COMMISSION ADMINISTERS COMPLIANCE WITH THIS LAW.

Applicant Information:		Customer email address:			Cell#:		
NAME FIRST	MIDDLE	LAST		BIRTH DATE	SOCIAL SECURITY NUMBER		
CURRENT ADDRESS		STREET	CITY	STATE	ZIP	HOME PHONE	
YEARS AT CURRENT ADDRESS	<input type="checkbox"/> OWN <input type="checkbox"/> RENT	PURCHASE PRICE IF OWED \$	PAYMENT \$	RESIDENCE VALUE \$	HOW MANY PERSONS DEPEND ON YOU FINANCIALLY?		
PREVIOUS ADDRESS (if current address is less than 3 years)		STREET	CITY	STATE	ZIP	YEARS THERE	
EMPLOYER'S NAME			OCCUPATION	GROSS MONTHLY INCOME \$		YEARS THERE	
EMPLOYER'S ADDRESS		STREET	CITY	STATE	ZIP	BUSINESS PHONE	
PREVIOUS EMPLOYER NAME & ADDRESS (if current employment is less than 3 years)						YEARS THERE	
NEAREST RELATIVE (Not living with you)		STREET	CITY	STATE	ZIP	HOME PHONE	
NOTICE: Alimony, Child Support, or Separate Maintenance do not have to be disclosed unless you wish to have them considered as part of your income.			US CITIZEN <input type="checkbox"/> YES <input type="checkbox"/> NO	SELF EMPLOYED <input type="checkbox"/> YES <input type="checkbox"/> NO	OTHER INCOME \$ PER	OTHER INCOME SOURCES	

Co-Applicant Information:		<input type="checkbox"/> Address same as Applicant			Customer email Address:			Cell#:		
NAME FIRST	MIDDLE	LAST		RELATIONSHIP TO APPLICANT <input type="checkbox"/> SPOUSE <input type="checkbox"/> OTHER	BIRTH DATE	SOCIAL SECURITY NUMBER				
CURRENT ADDRESS		STREET	CITY	STATE	ZIP	HOME PHONE				
YEARS AT CURRENT ADDRESS	<input type="checkbox"/> OWN <input type="checkbox"/> RENT	PURCHASE PRICE IF OWED \$	PAYMENT \$	RESIDENCE VALUE \$	HOW MANY PERSONS DEPEND ON YOU FINANCIALLY?					
PREVIOUS ADDRESS (if current address is less than 3 years)		STREET	CITY	STATE	ZIP	YEARS THERE				
EMPLOYER'S NAME			OCCUPATION	GROSS MONTHLY INCOME \$		YEARS THERE				
EMPLOYER'S ADDRESS		STREET	CITY	STATE	ZIP	BUSINESS PHONE				
PREVIOUS EMPLOYER NAME & ADDRESS (if current employment is less than 3 years)						YEARS THERE				
NEAREST RELATIVE (Not living with you)		STREET	CITY	STATE	ZIP	HOME PHONE				
NOTICE: Alimony, Child Support, or Separate Maintenance do not have to be disclosed unless you wish to have them considered as part of your income.			US CITIZEN <input type="checkbox"/> YES <input type="checkbox"/> NO	SELF EMPLOYED <input type="checkbox"/> YES <input type="checkbox"/> NO	OTHER INCOME \$ PER	OTHER INCOME SOURCES				

Dealer Information:				DEALER NAME		SALESPERSON/CONTACT		DEALER PHONE	
YEAR	MAKE	MODEL	<input type="checkbox"/> NEW <input type="checkbox"/> USED	Invoice Amount: _____		Purchase Price: _____		Trade In: _____	
SERIAL # / VIN				Loan Term: _____		Down Payment: _____		Sales Tax: _____	
FINANCE COMPANY USE:						Other Fees: _____		Finance Amount: _____	
ARE YOU CO-SIGNER ON ANY OTHER LOAN? <input type="checkbox"/> YES <input type="checkbox"/> NO ARE YOU CURRENTLY PARTY TO A LAWSUIT? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES TO EITHER QUESTION, EXPLAIN ON REVERSE.									
HAVE YOU HAD ANY GARNISHMENTS, JUDGEMENTS, REPOSSESSIONS, OR OTHER LEGAL ACTION IN THE PAST 7 YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN ON REVERSE.									
HAVE YOU OR ANY ENTITY CONTROLLED BY YOU BEEN DECLARED BANKRUPT IN THE PAST 7 YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WAS IT CHAPTER <input type="checkbox"/> 7 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13									

EVERYTHING I HAVE STATED ON THIS APPLICATION IS TRUE TO THE BEST OF MY KNOWLEDGE I UNDERSTAND THE FLCC FINANCING WILL RETAIN THIS APPLICATION WHETHER OR NOT IT IS APPROVED. FLCC FINANCING IS AUTHORIZED TO CHECK MY CREDIT AND EMPLOYMENT HISTORY AND TO ANSWER QUESTIONS ABOUT FLCC FINANCING'S CREDIT EXPERIENCE WITH ME.

APPLICANT'S SIGNATURE _____	DATE _____	CO-APPLICANT'S SIGNATURE _____	DATE _____
COMMENTS			