

APPLICANT

First Name	Middle Initial	Last Name
Social Security Number		Date of Birth
Street		() Home Telephone
City, State, Zip	Years/Months There	
		<input type="checkbox"/> Employed <input type="checkbox"/> Retired
Employer	Years Employed	
Position	() Business Telephone	Percentage Owned
\$ Gross Monthly Income		Type of Business
Previous Employer	Years/Months Employed	
\$ Other Monthly Income		Source
\$ Other Monthly Income		Source
\$ Alimony, child support or separate maintenance payments received. 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.		

CO-APPLICANT / Non-spousal applicant requires separate application

First Name	Middle Initial	Last Name
Social Security Number		Date of Birth
Street		() Home Telephone
City, State, Zip	Years/Months There	
		<input type="checkbox"/> Employed <input type="checkbox"/> Retired
Employer	Years Employed	
Position	() Business Telephone	Percentage Owned
\$ Gross Monthly Income		Type of Business
Previous Employer	Years/Months Employed	
\$ Other Monthly Income		Source
\$ Other Monthly Income		Source
\$ Alimony, child support or separate maintenance payments received. 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.		

Name and telephone of **relative** that does not live with you.

Name and telephone of **relative** that does not live with you.

Please tell us about your residences

PRIMARY RESIDENCE: Live in RV Fulltime

Mortgage Holder or Landlord	Value	Date Purchased
\$		\$
<input type="checkbox"/> Rent <input type="checkbox"/> Mortgage Payment		Mortgage Balance
\$		\$
Existing Second Lienholder	Balance	Payment

SECOND RESIDENCE:

Address		
Mortgage Holder	Value	Date Purchased
\$	\$	\$
Mortgage Payment	Mortgage Balance	Monthly Rental Income

Please tell us about your finances

Checking Account	Institution	\$ Balance
		\$
Savings Account	Institution	Balance
		\$
Investment Account	Institution	Balance
		\$
Other Account	Institution	Balance
		\$
Other Account	Institution	Balance
		\$
Other Account	Institution	Balance
		\$

Outstanding Debt

Creditor Name	Describe Collateral (auto, RV, loan, credit card, etc.)	Balance	Monthly Payment
		\$	\$
		\$	\$
		\$	\$
		\$	\$

Have you filed bankruptcy in the past 10 years? No Yes If yes, what date:

Please read and sign

I (We) represent, warrant and affirm that all of the statements made by me (us) in this application are true and correct and have been made by me (us) in order to induce you to grant credit to me (us) and with knowledge that you will rely thereon, without limiting the foregoing. I (we) represent and warrant that I (we) have no outstanding obligations to any Bank, Loan Company, Corporation or individual except as shown in this application and that no lawsuits or judgments are pending or entered against me (us). I (we) authorize you to exchange credit information with others in connection with this application. I (we) agree that this application shall be and remain your property whether or not this application is approved. Consumer credit report or reports may be requested from one or more consumer reporting agencies (credit bureaus) in connection with this application. This consumer credit report may be requested and used in connection with any debt, renewal or extension of credit requested by this application. If I (we) request, I (we) will be informed whether any consumer credit report was requested and, if so, the name and address of the consumer reporting agency which furnished the report.

Applicant's Signature _____ Date _____

Co-Applicant's Signature _____ Date _____

COLLATERAL INFORMATION

NAME AND ADDRESS OF SELLER PHONE # (_____) _____ SALESPERSON _____	PURCHASE PRICE \$ _____ SALES TAX \$ _____ TOTAL \$ _____ CASH DOWN PAYMENT \$ _____ TRADE-IN \$ _____ TOTAL DOWN PAYMENT \$ _____ FINANCE AMOUNT REQUESTED \$ _____	TERM: RATE:
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TELL US ABOUT YOUR BOAT / RV

<input type="checkbox"/> NEW	YEAR	MAKE	MODEL	LENGTH
<input type="checkbox"/> USED				
ENGINE MANUFACTURER		ENGINE TYPE	<input type="checkbox"/> SINGLE <input type="checkbox"/> TWIN	<input type="checkbox"/> GAS <input type="checkbox"/> DIESEL <input type="checkbox"/> HP _____

TRADE-IN INFORMATION

<input type="checkbox"/> NEW	YEAR	MAKE	MODEL	LENGTH
<input type="checkbox"/> USED				
ENGINE MANUFACTURER		ENGINE TYPE	<input type="checkbox"/> SINGLE <input type="checkbox"/> TWIN	<input type="checkbox"/> GAS <input type="checkbox"/> DIESEL <input type="checkbox"/> HP _____

PERSONAL FINANCIAL STATEMENT	Non-spousal applicants require separate Personal Financial Statements	AS OF _____ 200__
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ASSETS

LIABILITIES

Bank Accounts	\$	Notes Payable	\$
Deposit on Boat / RV (Purchases Only)			
Marketable Securities (Enclose List)			
Retirement Plan, 401(K), etc.			
Life Insurance (Cash Surrender Value Only)			
Notes and Accounts Receivable (Enclose List)			
Value of Businesses Owned			
Real Estate (Location 1)		Real Estate Mortgage (Location 1)	
Real Estate (Location 2)		Real Estate Mortgage (Location 2)	
Automobile(s)		Auto Loan(s)	
Boat / RV		Existing Boat / RV Loan	
Other Assets (Itemize):		Other Liabilities (Itemize):	
TOTAL ASSETS	\$	TOTAL LIABILITIES	\$
LESS TOTAL LIABILITIES	\$		
NET WORTH	\$	X _____ Signature of Applicant	X _____ Co-Applicant

PROOF OF INCOME must be submitted with all applications. You can expedite the process by providing your two (2) most current 1040 tax returns and IF YOU ARE SELF EMPLOYED, your two (2) most current business statements or tax returns herewith. Other forms of proof of income may be acceptable; please consult with your Excel Credit sales representative for guidance.