



INDIRECT CONSUMER LOAN APPLICATION

UNITED CONSUMER FINANCE
UNITED TOGETHER WITH YOU

Dealer Name _____	email _____
Phone Number _____	Fax Number _____

Application Type Individual Joint

Applicant

First Name _____ Initial _____ Last Name _____ Suffix _____

SSN _____ D.O.B _____ Address _____

City _____ State _____ Zip Code _____ US Citizen Yes No

Time at Residence Years _____ Months _____ Ownership _____ Monthly Amount _____

Home Phone _____ Mobile Phone _____ Email _____

Driver's Licence No. _____ Driver's Licence State _____ Date Issued _____ Expiration Date _____

Employment

Status _____ Employer _____ Contact Name _____ Phone _____

Address _____ City _____ State _____

Occupation _____ Gross Monthly Income: _____ Yrs. _____ Mos. _____
Time at Employer Yes No

Previous Employment section is required if your current employment is less than 1 year

Previous Employment Employer _____ Contact Name _____ Phone _____

Occupation _____ Gross Monthly Income: _____ Yrs. _____ Mos. _____
Time at Employer Yes No

Do you own this place of business? Yes No

Co-Applicant

First Name _____ Initial _____ Last Name _____ Suffix _____

SSN _____ D.O.B _____ Address _____

City _____ State _____ Zip Code _____ US Citizen Yes No

Time at Residence Years _____ Months _____ Ownership _____ Monthly Amount _____

Home Phone _____ Mobile Phone _____ Email _____

Driver's Licence No. _____ Driver's Licence State _____ Date Issued _____ Expiration Date _____

Employment

Status _____ Employer _____ Contact Name _____ Phone _____

Address _____ City _____ State _____

Occupation _____ Gross Monthly Income: _____ Yrs. _____ Mos. _____
Time at Employer Yes No

Previous Employment section is required if your current employment is less than 1 year

Previous Employment Employer _____ Contact Name _____ Phone _____

Occupation _____ Gross Monthly Income: _____ Yrs. _____ Mos. _____
Time at Employer Yes No

Do you own this place of business? Yes No

I hereby authorize you or any credit bureau or other investigation agency to investigate any company given by me or statements or other data obtained from me or any other person pertaining to my credit and financial responsibility. I also authorize you to furnish to other persons, upon request, information concerning my credit and financial transactions or experiences with the bank. Massachusetts residents - THE MASSACHUSETTS LAWS AGAINST DISCRIMINATION REQUIRE THAT ALL CREDITORS MAKE CREDIT EQUALLY AVAILABLE TO ALL CREDITWORTHY CUSTOMERS AND THAT CREDIT REPORTING AGENCIES MAINTAIN SEPERATE CREDIT HISTORIES ON EACH INDIVIDUAL. I represent that all other information contained in this application For credit is true, complete and correct. I have listed all of my debts on this application and understand that the bank will reply on the truth of the foregoing statements in granting credit to me.

Applicant _____ Date _____ Co-Applicant _____ Date _____

Vehicle Information

Year _____ Make _____ Model _____ Mileage _____

Vin _____

Cash Price _____	Sub-Total _____	Auto Trans <input type="checkbox"/>	4 Cyl <input type="checkbox"/>	Diesel <input type="checkbox"/>
Reg Fee _____	Cash Down _____	4WD/AWD <input type="checkbox"/>	6 Cyl <input type="checkbox"/>	Trim Package <input type="checkbox"/>
Tax _____	Net Trade _____	Manual <input type="checkbox"/>	8 Cyl <input type="checkbox"/>	Series / Trim _____
Doc Fee _____	Total Down _____			

Trade Information

Year _____ Make _____ Model _____ Mileage _____

Gross Trade _____ Payoff _____ Lienholder _____ Vin _____