

**Tri-State Credit Corporation**

2188 N. Delsea Drive, Vineland NJ 08360

Phone: (856) 262-3390

Fax: (856) 839-4206



**AUTOMOBILE FINANCING APPLICATION**

Date: \_\_\_\_\_

Dealer: \_\_\_\_\_

Salesman: \_\_\_\_\_

Applicant: \_\_\_\_\_

Co-Applicant: \_\_\_\_\_

- Employment Verification (paystub)
- Driver's License
- Social Security Card (when specified)
- Telephone Bill
- Credit Card / Bank Statement
- Insurance Verification
- Keys
- Title
- Other

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Vehicle:

Year	Make	Model	Body Style	Cylinders	2WD or 4WD
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Exact mileage: \_\_\_\_\_

VIN#: \_\_\_\_\_

Optional equipment: \_\_\_\_\_

NADA Retail Value: \$ \_\_\_\_\_

Is this a Repo? (circle one) Yes or No \_\_\_\_\_

Purchase Price: \$ \_\_\_\_\_

Net Trade-In: (minus): \$ \_\_\_\_\_

Tax: \$ \_\_\_\_\_

Registration: \$ \_\_\_\_\_

Doc: \$ \_\_\_\_\_

Down Payment: \$ \_\_\_\_\_

Amount Financed: \$ \_\_\_\_\_

**Trade-In Vehicle Description:** \_\_\_\_\_

\_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_



**CREDIT APPLICATION**

2188 N. Delsea Drive, Vineland, NJ 08360  
 856-262-3390 Fax 856-839-4206

Date:	Main Applicant Name-Last:	First:	Middle:
*Email:		Social Security #:	Date of Birth:
Address:	City:	State:	Zip:
Telephone:	Cell Phone:	Years at current address:	Rent/Mortgage Pmt \$:
Former Address:	City:	State:	Zip: Years there:
Driver's License No:			Driver's License State:
Present Employer:	Employment Type: <input type="radio"/> Employed <input type="radio"/> Unemployed <input type="radio"/> Self-Employed <input type="radio"/> Military <input type="radio"/> Retired <input type="radio"/> Student		
Telephone #:	Position:		Years there:
Address:	City:	State:	ZIP Code:
Wages \$: <input type="radio"/> Weekly <input type="radio"/> Bi-Weekly <input type="radio"/> Semi-Annual <input type="radio"/> Monthly			
Former Employer (if less than 3 years):		Address, City, State, Zip:	
Additional Income \$:	<input type="radio"/> Monthly <input type="radio"/> Quarterly <input type="radio"/> Semi-Annual <input type="radio"/> Annual		Source:
Co-Applicant Name-Last:	First, Middle:	Social Security #:	
Address:	City, State:		Zip:
Name of nearest relatives not living with you.	Relationship	Address:	Phone:
Applicants Signature: _____		Co-Applicants Signature: _____	
Date: _____		Date: _____	

I, WE AUTHORIZE The Lender to make whatever credit inquiries it deems necessary in connection with this credit application or in the course of any credit extended in reliance of the application. I/WE authorize and instruct any person, consumer reporting agency or compile and furnish to the lender any information it may have or obtain in response to such credit inquiries and agree that the same shall remain your property whether or not credit is extended. All information set forth in this application is declared to be a true representation of facts for the purpose of obtaining the credit requested and any willful representation on this application could result in criminal action.

*\*By providing your email address you grant your consent to receive information from Tri-State Credit Corporation such as collection notices or other legally required notices electronically which may be confidential in nature.*