Credit Application

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1875 SW 4th Ave Suite C-6 Delray Beach, Fl.33444 Ph#561-332-3764 Fax#561-332-3758

			,			
Business Information						
Legal Business Name:			Email:			
	Time in Biz:					
State:	<u> </u>	n 🗌 Partnership 🗌 Sole P				
Company Principals/Guar						
			· ·		Ownership %:	
City:			SSN:			
State:			DOB:			
Zip:						☐ Own
Home Phone:			Cell Phone:			
Additional Income:		Source:			Phone:	
Company Principals/Guar	rantor(s) Information					
	antor(3) information		Title:		Ownership %:	
			'-			
			DOR:			
						☐ Own
			· ·		_	_
			Cell Priorie.			
Additional Income:		Source:			Phone:	
Comparable Borrowing R	<u>eference</u>					
Where Financed:		Vehicle Type:			Phone:	
Where Financed:		Vehicle Type:			Phone:	
Where Financed:		Vehicle Type:				
Business Bank Information						
		Type: U Checking	☐ Savings ☐	Mortgage	☐ Working Capital	
Contact/Title:		Emoile				
· · · · · · · · · · · · · · · · · · ·	Account#:	Emaii:		Account#:	_	
Account#.	Account#:		_	Account#.		
Vehicle To Be Financed/1	Terms Desired					
Year:	Mileage:	Make:		Model:		
☐ New ☐ Use	ed Selling Co./Dealer:			Phone:		
	g			. 110110.		
Amount Requested:		Term:		☐ Replace	mentVehicle	☐ Addition to Fleet
The undersigned certifies that the ab	ove information given for credit or	urposes is true and correct an	nd authorizes Auto Fundin	ig Corp., (or assigns	and any credit bureau	ı or investigative agency to investigate t
references, statements, or other data	a listed accompanying this applica	tion. The undersigned authori	izes all parties contacted	to release credit and	d financial information r	equested as part of said investigation. us, age (provided the applicant has the
capacity to enter into a binding contra Consumer Credit Protection Act.						
Jonaumer Greuit FTOLECTION ACT.						

П	I understand that checking this box constitutes a legal signature confirming that I acknowledge and warrant the truthfulness of the information	provided in this
ш	document. Please either type or sign on the signature line below.	

Signature:	Signature:	Date: