

Crystal-Pierz Marine Credit Application

Brainerd | Fargo | Ramsey | Shakopee | Rice Lake

www.crystalpierz.com

| | |
|---------------------|---|
| Applicant | Name _____ SS# _____ - _____ - _____ DOB ____/____/____ <small>First Middle Last</small> |
| | Address _____ City _____ St _____ Zip _____ |
| | Phone () _____ <input type="checkbox"/> Rent <input type="checkbox"/> Own How Long _____ |
| | Mrtg. Holder _____ Monthly Payments _____ Previous Address _____ City _____ St _____ Zip _____ |
| Employment | Nearest Relative & Address _____ Phone () _____ |
| | Employer & Address _____ Years _____ Months _____ Phone() _____ Monthly Income \$ _____ Title _____ |
| | Source of Additional Income _____ Amount \$ _____ Total Gross Income \$ _____ |
| | Previous Employer & Address _____ Title _____ How Long _____ |
| Co-Applicant | Name _____ SS# _____ - _____ - _____ DOB ____/____/____ <small>First Middle Last</small> |
| | Address _____ City _____ St _____ Zip _____ |
| | Phone () _____ <input type="checkbox"/> Rent <input type="checkbox"/> Own How Long _____ |
| | Mrtg. Holder _____ Monthly Payments _____ Previous Address _____ City _____ St _____ Zip _____ |
| Employment | Nearest Relative & Address _____ Phone () _____ |
| | Employer & Address _____ Years _____ Months _____ Phone() _____ Monthly Income \$ _____ Title _____ |
| | Source of Additional Income _____ Amount \$ _____ Total Gross Income \$ _____ |
| | Previous Employer & Address _____ Title _____ How Long _____ |
| | Bank: _____ <input type="checkbox"/> Checking <input type="checkbox"/> Savings Credit References: _____ |
| | Consumer Notice By signing this credit application: I/We make the above representation, which are certified true, correct and complete for the purpose of obtaining credit and I/we authorize you to investigate my credit report, to verify my credit, employment and income references and to gather such other information that you consider necessary and appropriate. I/We understand that you will retain this application whether or not it is approved. I have the right to ask for the name and address of the |

consumer reporting agency which gave the consumer report.

_____ Date _____ Date _____
Applicant Signature Co-Applicant Signature

New Used

Year _____ Make _____ Model _____

Eng. Make _____ Year _____ HP _____ Eng. Make _____ Year _____ HP _____

Trailer _____ Year _____ **Invoice** _____

Selling Price \$ _____ Sales Tax \$ _____ SVC. Contract \$ _____ Net Trade \$ _____

Cash Down \$ _____ Total Down Payment \$ _____ Amt. Financed \$ _____

Trade

Make _____ Model _____ Yr _____

Payoff _____ To Whom _____ Acct # _____

For Office Use Only