Source1One
Financial Services, Inc.

(952) 830-9310 • Fax (952) 830-9910

Applicant				Co-Applicant			
Full Name (First, Middle, Last)				Full Name (First, Middle, Last)			
Date of Birth	Social Security #			Date of Birth	Social Security #		
Street Address				Street Address			
City	State	Zip	Time at address yrs. mos.	City	State	Zip	Time at address yrs. mos.
No. of dependents	Home Phone			No. of dependents	Home Phone		
___ Own ___ Rent ___ Other	Mortgage/Landlord	Current Value	Monthly Payment $	___ Own ___ Rent ___ Other	Mortgage/Landlord	Current Value	Monthly Payment $
Previous Street Address (if current is less than 3 years)				Previous Street Address (if current is less than 3 years)			
City	State	Zip	Time at address yrs. mos.	City	State	Zip	Time at address yrs. mos.
Employer	Position	Business Phone	Monthly gross income $	Employer	Position	Business Phone	Monthly gross income $
City	State	Zip	How long with employer yrs. mos.	City	State	Zip	How long with employer yrs. mos.
Previous employer (if current is less than 3 years)		Position		Previous employer (if current is less than 3 years)		Position	
City	State	Zip	How long with employer yrs. mos.	City	State	Zip	How long with employer yrs. mos.

Additional Income

I do not have to reveal alimony, child support, or maintenance income unless I wish to be considered as a basis for repayment.	Nature of additional income	Monthly amount $	How long will it last? yrs. mos.

References

Bank Reference (Name and City) ☐ Checking ☐ Savings — Member of A.C.U. ☐ Yes ☐ No

Credit Union (Name and Phone)	Nearest relative not living with you (Name, Address and Phone)

Credit Obligations (include those of co-applicant if different)

Type	Creditor	Payment	Balance	Type	Creditor	Payment	Balance
Auto				Credit Account			
Credit Account				Other			

Have you ever filed bankruptcy? How long ago?

I certify that the information stated in this application is true, correct to the best of my knowledge and a complete statement of any financial condition. I understand that this application will be kept whether or not it is approved. You and any subsequent creditors are authorized to check my credit and employment history to answer questions about your experience with me and disclose credit information to each other.

Applicants Signature	Date	Co-Applicant's Signature	Date

Description

Dealer Name / Number _____

Contact _____

Sale Price including tax, lic., accessories _____

Net Trade _____

Less Downpayment _____

Amount Financed _____ Term Req. _____

New / Used _____ Trade-in _____

Year _____ Year _____

Make _____ Make _____

Model _____ Model _____

Miles _____ Miles _____

Additional Comments: _____