

Auto Loan Application

Please Fax Application to
Autoloanlocator.com, Inc.
1-623-581-5757 fax

Type of Loan <input type="checkbox"/> Dealer Purchase <input type="checkbox"/> Private Party Purchase <input type="checkbox"/> Refinance	Type of Application <input type="checkbox"/> Individual <input type="checkbox"/> Joint Application
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Applicant Information

Applicant Full Name	Date of Birth	Social Security Number		Home Phone
Street Address	How Long	Own /Rent	Mo. payment	Marital Status
City State Zip Code	Email Address			Amount Requested \$

Employment Information

Applicant's Employers Name	Occupation	Years	Months	Telephone
Employer's Address	City State Zip			
Gross Monthly Income	Other Income	Other Income Source		

Co-Applicant Information (if applicable)

Co- Applicant Full Name	Date of Birth	Social Security Number		Home Phone
Street Address	How Long	Own /Rent	Rent Amount	Marital Status
City State Zip Code	Email Address			

Co-Applicant Employment Information

Co-Applicant's Employers Name	Occupation	Years	Months	Telephone
Employer's Address	City State Zip			
Gross Monthly Income	Other Income	Other Income Source		

1. Have you Declared Bankruptcy in the last 10 years? ☐ Yes ☐ No
2. If Yes to question 1, what type? ☐ 7 ☐ 11 ☐ 13 Is your BK discharged? ☐ Yes ☐ No
3. Have you ever voluntarily surrendered or had an auto or other item repossessed? ☐ Yes ☐ No

I certify that all of the statements in this application are true and complete and are made for the purpose of obtaining credit. I agree to provide and/or authorize our affiliate automobile dealers, or lending partners to obtain such additional information as may be required, including credit reports, in order to complete the processing of your application.

Date	Applicant Signature	Date	Co-Applicant Signature
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