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Ford Ford CREDIT	BUSINESS		DEALER				DN		
		CREDIT APPLICA	TION	CONTACT		PHONE		FAX	
C-7144 (REV. June 12) P <b>Legal Name:</b>	Previous editions	may not be used.		Date of Birth	(for Individuals):	DBA:		I	
Proprietorship State-issued Organization	□ Corp.		$\Box$ LLC.	Partnership	Other:  State of Organization or	Tax Ex state of legal resid	•		
SOC SEC # / TAX ID #	Gross	Profit (Monthly I	ncome)	Type of	Business Yrs	s in Business		E-Mail and We	bsite Address
Primary Legal/CEO Addres	s: Street		City		County	S	tate	Zip	
Billing Address: Street if different from above)			City		County	S	tate	Zip	
leet Manager Name:			Phon	ne #	E-mail Addre	ess			
Garage Address: Street			City		County	S	tate	Zip	
Phone #	Fax	#	Mobi	le Phone #	Con	tact Name			
Owner/Guarantor: Name		Title	Address		PH#	Social Security	′ TN #	Date of Birth	Ownership %
Owner/Guarantor: Name		Title	Address		PH#	Social Security	′ TN #	Date of Birth	Ownership %
			(s) or Indiv	vidual Guara	ntor(s) must comple	te this section	1		
Individual (First Name,	Middle Name, La	ast Name, Suffix):			Social Security Number		Date c	of Birth	
Home Phone		Own Home Outrigh Buying Home		g with Relatives ing/Renting	Lived There Yrs	s Mos	·	Driver's License	No. & State
Previous Employer / Bu	usiness (if less th	an 2 years)		Iress		Wos	I	Phone Number ()	
	Secondary	Income *	Source		*Alimony, child support or do not wish to have it con				
Monthly Income									
Mortgage Holder / Land		ddress)			Mortgage Holder / Landlor ( )	d Phone	M	lortgage Payt /	Monthly Rer
Mortgage Holder / Land	dlord (Name & A		sehold			d Phone		lortgage Payt / ome Phone )	Monthly Ren
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