



**NEW CITY  
FUNDING CORP.**  
AUTO FINANCING

146 South Liberty Dr. Unit 11B  
P.O. Box 121  
Stony Point, NY 10980  
845-942-0020 Fax 845-942-2810

**CREDIT APPLICATION**

DEALER NAME \_\_\_\_\_

FAX \_\_\_\_\_ PHONE \_\_\_\_\_

YEAR	MAKE	MODEL	MILEAGE
CASH PRICE \$	NET TRADE \$	DOWN PAYMENT \$	TOTAL AMOUNT FINANCED \$
OPTIONS	NADA -RETAIL	VIN #	
	NADA-TRADE IN	TRADE-IN INFO	

**APPLICANT INFORMATION** (PLEASE PRINT CLEARLY)

NAME \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ YEARS THERE \_\_\_\_\_  
 HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_  
 OWN OR RENT \_\_\_\_\_ NAME, ADDRESS, & PHONE OF LANDORD OR MORTGAGE HOLDER \_\_\_\_\_  
 MO. PAYMENT \$ \_\_\_\_\_  
 PREVIOUS. ADDRESS (If current less than 4 years) \_\_\_\_\_  
 NAME OF EMPLOYER \_\_\_\_\_  
 ADDRESS OF EMPLOYER \_\_\_\_\_  
 BUSINESS PHONE \_\_\_\_\_ ANNUAL SALARY \$ \_\_\_\_\_ YEARS \_\_\_\_\_  
 PREVIOUS EMPLOYER \_\_\_\_\_ YEARS \_\_\_\_\_

**CO-APPLICANT INFORMATION** (PLEASE PRINT CLEARLY)

NAME \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ YEARS THERE \_\_\_\_\_  
 HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_  
 OWN OR RENT \_\_\_\_\_ NAME, ADDRESS, & PHONE OF LANDORD OR MORTGAGE HOLDER \_\_\_\_\_  
 MO. PAYMENT \$ \_\_\_\_\_  
 PREVIOUS. ADDRESS (If current less than 4 years) \_\_\_\_\_  
 NAME OF EMPLOYER \_\_\_\_\_  
 ADDRESS OF EMPLOYER \_\_\_\_\_  
 BUSINESS PHONE \_\_\_\_\_ ANNUAL SALARY \$ \_\_\_\_\_ YEARS \_\_\_\_\_  
 PREVIOUS EMPLOYER \_\_\_\_\_ YEARS \_\_\_\_\_

**REFERENCES PERSONAL- FAMILY**

NAME:	NAME:
ADDRESS:	ADDRESS:
PHONE:	PHONE:

By signing this application:

- I, authorize Dealer, New City Funding Corp. and any finance company, bank, other financial institution to which the Dealer or New City Funding submits my application ("you" or "your" ) to investigate my credit and employment history, obtain credit reports, and release information above your credit experience with our company as the law permits.
- If an account is created, I authorize you to obtain credit reports for the purpose of reviewing or taking collection action on the accounts or for other legitimate purposes associated with account.
- I certify that I have read and agree to the terms of this application and that the information in it is complete and true.
- I authorize New City Funding Corp. to start a credit investigation based on the information voluntarily provided by me which is true and correct, and reflects all my current debts. In addition, I authorize NCFC to obtain federal and state records of employment and income history, including State Employment Security Agency ("SESA"). A bankruptcy proceeding is not progress.

**\*New City Funding Corp. is an Equal Opportunity Lender\***

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

Signature of Co-Applicant \_\_\_\_\_

Date \_\_\_\_\_