

Credit Application

DEALER'S NAME:	DEALER'S PHONE:	DEALER'S FAX:	CONTACT:
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VEHICLE INFORMATION (PLEASE PRINT CLEARLY)

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

APPLICANT INFORMATION (PLEASE PRINT CLEARLY)

NAME: (LAST)		(FIRST)		SS #:
ADDRESS:			D.O.B:	
CITY:		STATE:	ZIP:	YEARS THERE:
HOME PHONE #:	CELL PHONE:	EMAIL:		
NAME, ADDRESS & PHONE # OF LANDLORD OR MORTGAGE HOLDER:			MONTHLY 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:	NAME:
ADDRESS:	ADDRESS:	ADDRESS:
PHONE #:	PHONE #:	PHONE #:

By signing this application:

- I authorize Dealer, New City Funding Corp. and 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 authorized you to obtain credit report for the purpose of reviewing of taking collection action on the account or for other legitimate purpose associated with account.
- If 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 authorized NCFC to obtain federal and state records of employment and income history, including State Employment Security Agency ("SESR). A bankruptcy proceeding is not progress.

"New City Funding Corp. is an Equal Opportunity Lender"

SIGNATURE OF APPLICANT:	DATE:	SIGNATURE OF CO-APPLICANT:	DATE:
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