

Finance Application

931-920-2274

Fax 931-920-2221



Gateway Financial Services

Home - Auto - Boat - Bill Consolidation "Helping You Open Doors to the Future"

ADVERTISING SOURCE: SIGN <input type="checkbox"/> RADIO <input type="checkbox"/> BRANCH SOL. <input type="checkbox"/> H/O SOL. <input type="checkbox"/> OTHER <input type="checkbox"/>				DEALER NAME		PURCHASE PRICE		DOWN PAYMENT	
<input type="checkbox"/> INDIVIDUAL CREDIT If applicant is applying for individual credit in applicant's name and is relying on applicant's income or assets and not the income or assets of another person as the basis for repayment of the credit requested then do not ask questions regarding whether there is a spouse or any questions about spouse income. You may ask if the applicant has a joint account with anyone else.									
<input type="checkbox"/> JOINT CREDIT If applicant is applying for joint credit with another person then you may ask all questions in the section titled Additional Party Information.									
DATE		AMOUNT REQUESTED		PURPOSE OF LOAN/SALES		LOAN SOURCE <input type="checkbox"/> NB <input type="checkbox"/> FB <input type="checkbox"/> PB <input type="checkbox"/> SFC <input type="checkbox"/> RE <input type="checkbox"/> MR <input type="checkbox"/> CR (Name)		APPLICATION TAKEN <input type="checkbox"/> PERSON <input type="checkbox"/> MAIL <input type="checkbox"/> TELEPHONE	
		\$						INTERVIEW BY	

APPLICANT INFORMATION

LAST NAME		FIRST		INITIAL		BIRTH DATE		AGE		NO. DEPENDENTS		SOCIAL SECURITY NO.	
PRESENT ADDRESS (NUMBER & STREET) (NEED MINIMUM 2 YEARS)						CITY		STATE		ZIP		COUNTY	
										HOW LONG		HOME PHONE NO.	
<input type="checkbox"/> OWN OR BUYING		MONTHLY PAYMENT		ORIGINAL COST		MORTGAGE BALANCE		ESTIMATED VALUE		EQUITY		MORTGAGE HOLDER/LANDLORD/ADDRESS/ACCOUNT #	
<input type="checkbox"/> RENT		<input type="checkbox"/> OTHER \$											
PREVIOUS ADDRESS (HOW LONG)						PREVIOUS ADDRESS (HOW LONG)						HOME PHONE NO.	
EMAIL ADDRESS												CELL NO.	

APPLICANT'S EMPLOYMENT AND OTHER INCOME

APPLICANT'S EMPLOYER (NEED MINIMUM 2 YEARS)				BUSINESS ADDRESS				CITY		STATE		ZIP			
OCCUPATION		DATE HIRED		NET SALARY		<input type="checkbox"/> WEEK <input type="checkbox"/> MONTH		PAY DATES		BUSINESS TELEPHONE/EXTENSION					
PREVIOUS EMPLOYER				CITY/STATE		HOW LONG		PREVIOUS EMPLOYER				CITY/STATE		HOW LONG	
OTHER INCOME (Income from alimony, child support, or separate maintenance payments need not be disclosed if you do not wish to have it considered as a basis for repaying this obligation.)															
MONTHLY HAVE YOU EVER FILED FOR BANKRUPTCY? <input type="checkbox"/> YES <input type="checkbox"/> NO SOURCE															

ADDITIONAL PARTY INFORMATION (IF APPLICABLE)

LAST NAME		FIRST		INITIAL		RELATIONSHIP		BIRTH DATE		AGE		SOCIAL SECURITY NO.					
PRESENT ADDRESS						CITY		STATE		ZIP		COUNTY					
										HOW LONG		HOME PHONE NO.					
<input type="checkbox"/> OWN <input type="checkbox"/> RENT \$						EMAIL ADDRESS						CELL NO.					
APPLICANT'S EMPLOYER (NEED MINIMUM 2 YEARS)						BUSINESS ADDRESS						CITY		STATE		ZIP	
OCCUPATION		DATE HIRED		NET SALARY		<input type="checkbox"/> WEEK <input type="checkbox"/> MONTH		PAY DATES		BUSINESS TELEPHONE/EXTENSION							
PREVIOUS EMPLOYER				CITY/STATE		HOW LONG		PREVIOUS EMPLOYER				CITY/STATE		HOW LONG			
NAME OF BANK						ACCOUNT #						AUTO YEAR-MAKE-MODEL		FINANCED <input type="checkbox"/> YES <input type="checkbox"/> NO			
BANK CHECKING												AUTO YEAR-MAKE-MODEL		FINANCED <input type="checkbox"/> YES <input type="checkbox"/> NO			
BANK SAVINGS												OTHER ASSETS (BOATS-CYCLE-2ND HOUSE, ETC.)					

APPLICANT'S CREDIT REFERENCES

CREDITOR	SECURITY	MONTHLY PAYMENT	BALANCE	DATE MADE	ORIGINAL AMOUNT	MONTHLY PAYMENT	DLP	BALANCE	HOW PAID	TOTAL NET INCOME
RENT/MORTGAGE PAYMENT										\$
										TOTAL PAYMENTS AFTER LOAN
										\$
										DISPOSABLE
										\$
										DISPOSABLE
										%
										RECOMMENDATION
										YES NO
										MAXIMUM AMOUNT
										\$
										ASST. MGR'S SIGNATURE
										CREDIT LIMIT
										\$
										AMOUNT FINANCED
										\$
										TERMS (#) X \$
										D/D
										SECURITY
										D/D
										INS. <input type="checkbox"/> J.I. <input type="checkbox"/> S.L. <input type="checkbox"/> J.A. & H. <input type="checkbox"/> I.U.I.
										<input type="checkbox"/> P.P. <input type="checkbox"/> S.I. <input type="checkbox"/> A. & H. <input type="checkbox"/> W.C.C.
										TOTALS
		\$	\$		\$	\$		\$		

For the purpose of securing credit from you, I/we make the above representations and I/we certify that the above information is true and complete to the best of my/our knowledge and that I/we have attained the Age of Majority. You are authorized to check my/our credit history and employment and to answer questions about your credit experience with me/us. By signing below, I/we certify, under penalty of perjury, that the social security number(s) shown is/are correct.

RECORDING FEES \$

APPLICANT SIGNATURE _____ DATE _____ CO-APPLICANT SIGNATURE _____ DATE _____