

# CREDIT APPLICATION

**DAN GILLIS AUTO FINANCE, INC.**  
 2225C STATE ROAD - PLYMOUTH MA 02360

Retail  Balloon

Individual  Joint

If this is a joint application, we intend to apply for joint credit \_\_\_\_\_ Applicant (initials) \_\_\_\_\_ Co-Applicant (initials) \_\_\_\_\_ Personal Use  Business Use

APPLICANT US CITIZEN YES  NO

CO-APPLICANT US CITIZEN YES  NO

APPLICANT (LAST, FIRST)/BUSINESS NAME:			CO-APPLICANT'S NAME (LAST, FIRST):		
SOCIAL SEC:	LIC AND STATE	DATE OF BIRTH	SOCIAL SEC:	LIC# AND STATE	DATE OF BIRTH
HOME PHONE:	CELL PHONE:	EMAIL ADDRESS:	HOME PHONE	CELL PHONE	EMAIL ADDRESS
STREET ADDRESS:			STREET ADDRESS:		
CITY/STATE/ZIP:		TIME THERE ____ YRS ____ MOS	CITY/STATE/ZIP		TIME THERE ____ YRS ____ MOS
MAILING ADDRESS:			MAILING ADDRESS:		
PREVIOUS ADDRESS:		TIME THERE ____ YRS ____ MOS	PREVIOUS ADDRESS		TIME THERE ____ YRS ____ MOS
MORTGAGE/RENT PAYMENT \$	MORTGAGE HOLDER/LANDLORD		MORTGAGE/RENT PAYMENT \$	MORTGAGE HOLDER/LANDLORD	
<input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> OTHER			<input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> OTHER		
EMPLOYED BY		POSITION	EMPLOYED BY		POSITION
EMPLOYER ADDRESS (CITY, STATE, ZIP CODE)			EMPLOYER ADDRESS (CITY, STATE, ZIP CODE)		
EMPLOYMENT NET INCOME \$		TIME THERE ____ YRS ____ MOS	EMPLOYMENT NET INCOME \$		TIME THERE ____ YRS ____ MOS
<input type="checkbox"/> MONTHLY <input type="checkbox"/> ANNUAL			<input type="checkbox"/> MONTHLY <input type="checkbox"/> ANNUAL		
BUSINESS PHONE (AREA CODE + NUMBER)		WORK EXT	BUSINESSPHONE (AREA CODE + NUMBER)		WORK EXT
*OTHER INCOME \$		SOURCE	*OTHER INCOME \$		SOURCE
\$		SOURCE	\$		SOURCE
PREVIOUS EMPLOYER/POSITION		TIME THERE ____ YRS ____ MOS	PREVIOUS EMPLOYER/POSITION		TIME THERE ____ YRS ____ MOS

\*OTHER INCOME NOTE: ALIMONY, CHILD SUPPORT OR SEPARATE MAINTENANCE INCOME NEED NOT TO BE REVEALED IF YOU DO NOT CHOOSE TO HAVE IT CONSIDERED AS A BASIS FOR REPAYING THE OBLIGATION.

NEAREST RELATIVE NOT LIVING WITH YOU  
 NAME, ADDRESS & TELEPHONE #

### FAIR CREDIT REPORTING ACT NOTICE TO CONSUMER

This will advise you that your retail installment sales contract and buyer's application for secured credit will be submitted to Dan Gillis Auto Finance Inc. for consideration as to whether you meet their credit requirements for purchase.  
 Address: 2225C State Road Plymouth, MA 02360.  
 I/we agree to inquire about the status of this application by contacting Dan Gillis Auto Finance Inc. I/we understand that this application may be considered withdrawn if I/we do not inquire about its status within 30 days of the date indicated below.  
 I/we certify that all information given by me/us on this application is complete and accurate. I/we authorize Dan Gillis Auto Finance Inc. to review this credit application, investigate my/our credit and employment history, obtain consumer reports on me/us, and answer questions about credit experience with me/us.

Applicant's signature X	Date	Co-Applicants Signature X	Date
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#### DEALER TO COMPLETE THIS SECTION VIN NUMBER

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(FAILURE TO PROVIDE VIN# COULD LEAD TO LONGER RESPONSE TIME)

VEHICLE DETAILS <input type="checkbox"/> NEW <input type="checkbox"/> USED	TRANSACTION DETAILS
MSRP (IF NEW AUTO)	INVOICE (IF NEW RV)
YEAR/MAKE/MODEL	CYL
MILEAGE	BODYSTYLE (i.e. SEDAN, LE)
<input type="checkbox"/> 4X4 <input type="checkbox"/> ALLOY WHEELS <input type="checkbox"/> BEDLINER <input type="checkbox"/> BOSE/MACH RADIO <input type="checkbox"/> CD <input type="checkbox"/> CAPT CHAIRS ____ 2 ____ 4 <input type="checkbox"/> CRUISE/TILT <input type="checkbox"/> LEATHER SEATS <input type="checkbox"/> LUGGAGE RACK <input type="checkbox"/> OTHER _____	<input type="checkbox"/> POWER DOOR LOCKS <input type="checkbox"/> POWER SEATS <input type="checkbox"/> OWER SUN/MOON ROOF <input type="checkbox"/> POWER WINDOWS <input type="checkbox"/> RUNNING BOARDS <input type="checkbox"/> SNOW PLOW PACKAGE <input type="checkbox"/> THEFT RECOVER <input type="checkbox"/> TOWING/CAMPER PKG <input type="checkbox"/> W/OUT AUTOMATIC <input type="checkbox"/> OTHER _____
1. SELLING PRICE:	
2. CASH DOWN:	
3. REBATE:	
4. TRADE IN ALLOWANCE:	
5. BALANCE OWED ON TRADE:	
6. NET TRADE (4 MINUS 5):	
7. AMOUNT REQUESTED (LINE 3): \$	(LINE 5) \$:
8. TERM:	MOS @ \$:
9. RESIDUAL (IF BALLON) \$	

TRADE IN: YEAR \_\_\_\_\_ MAKE \_\_\_\_\_

TRADE LIENHOLDER \_\_\_\_\_