

Dealer Name / Contact \_\_\_\_\_

Dealer Phone # \_\_\_\_\_

Administrative Headquarters: 293 Boston Post Road West, Suite 180, PO Box 729, Marlborough, MA 01752 Phone: 508-490-8000

APPLICANT INFORMATION				<input type="checkbox"/> JOINT or <input type="checkbox"/> CO-SIGNER INFORMATION			
<i>PLEASE PRINT</i>				<i>PLEASE PRINT</i>			
Last		First		Last		First	
		MI				MI	
		<input type="checkbox"/> Jr.				<input type="checkbox"/> Jr.	
		<input type="checkbox"/> Sr.				<input type="checkbox"/> Sr.	
Date of Birth		Social Security Number		Date of Birth		Social Security Number	
Street Address		City		Street Address		City	
		State				State	
		Zip				Zip	
How Long?		Home Phone		How Long?		Home Phone	
Y _____ M _____				Y _____ M _____			
Residential Status		Mo. Payment		Residential Status		Mo. Payment	
<input type="checkbox"/> Own Outright <input type="checkbox"/> Own/Mort. <input type="checkbox"/> Rent <input type="checkbox"/> Other		\$ _____		<input type="checkbox"/> Own Outright <input type="checkbox"/> Own/Mort. <input type="checkbox"/> Rent <input type="checkbox"/> Other		\$ _____	
Previous Address (if less than 2 years)				Previous Address (if less than 2 years)			
Employer's Name				Employer's Name			
Employer's Address				Employer's Address			
Position		How Long?		Position		How Long?	
		Y _____ M _____				Y _____ M _____	
Gross Monthly Income		Work Phone		Gross Monthly Income		Work Phone	
\$ _____				\$ _____			
Previous Employer (if less than 2 years)		How Long?		Previous Employer (if less than 2 years)		How Long?	
		Y _____ M _____				Y _____ M _____	
Source of Other Income*		Monthly Amount		Source of Other Income*		Monthly Amount	
		\$ _____				\$ _____	
Name/Address of Nearest Relative Not Living With You				Name/Address of Nearest Relative Not Living With You			
Relation		Relative's Phone		Relation		Relative's Phone	

\* NOTICE: Alimony, Child Support or Separate Maintenance Income need not be revealed if you do not choose to have it considered.

**Signature(s) Required Below:**

You promise that everything you have stated in this application is correct to the best of your knowledge. You authorize the credit union to obtain credit reports in connection with this application and for any updates, renewal, or extension of the credit received. If you request the credit union will tell you the name and address of any credit bureau from which it received a credit report on you. You understand that it is a federal crime to willfully and deliberately provide incomplete or incorrect information on loan applications made to Federal or State Chartered Credit Unions insured by NCUA.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_ Co-Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

<input type="checkbox"/> NEW Year      Make      Model & Trim      MSRP/NADA Retail <input type="checkbox"/> USED				FINANCING INFORMATION	
VIN NUMBER			Mileage		
<input type="checkbox"/> Air Cond. <input type="checkbox"/> Pwr Locks <input type="checkbox"/> Cruise <input type="checkbox"/> Anti-Theft <input type="checkbox"/> CD Player <input type="checkbox"/> Pwr Windows <input type="checkbox"/> Leather <input type="checkbox"/> Diesel Eng. <input type="checkbox"/> Auto Trans <input type="checkbox"/> Pwr Sunroof <input type="checkbox"/> 4 Wheel Dr <input type="checkbox"/> Alloy Wheels <input type="checkbox"/> Manual <input type="checkbox"/> Power Seat <input type="checkbox"/> Rear Air <input type="checkbox"/> Other					
TRADE-IN Year      Make      Model		Financed With			
		1. Cash Price \$ _____ 1a. Cash Down \$ _____ 1b. Rebate \$ _____ 1c. Net Trade \$ _____ 2. Total Down \$ _____ 3. Unpaid Balance \$ _____ 4. Ins./Service Cont. \$ _____ 5. Total Financed \$ _____ Finance Term _____			