



FINANCE APPLICATION

COMPLETE AND CALL OR FAX TO:

1-888-531-2839 Fax

1-888-531-2829 Ph.

90 DAY
 6 MONTH
 12 MONTH

Amount Requested: \$

CUSTOMER INFORMATION

NAME		SS#
STREET ADDRESS		YEARS
CITY	COUNTY	STATE, ZIP
PROPERTY OWNER <input type="checkbox"/> YES <input type="checkbox"/> NO		
PREVIOUS STREET ADDRESS		YEARS
<input type="checkbox"/> HOME <input type="checkbox"/> DUPLEX <input type="checkbox"/> CONDO <input type="checkbox"/> MOBILE HOME (ONLY NON-TRAILER PARK)		
PREVIOUS CITY		STATE, ZIP
HOME PHONE () -	EQUIPMENT LOCATION ADDRESS:	
DATE OF BIRTH	EQUIPMENT BRAND:	
EMPLOYED BY		PHONE
EMPLOYERS ADDRESS		
POSITION		SALARY \$ PER WK. MO. YR.
LENGTH OF EMPLOYMENT	YRS. MOTHS.	
ADDITIONAL SOURCES IF INCOME		
HAVE YOU FILED BANKRUPTCY WITHIN LAST 10 YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO		
NEAREST RELATIVE (OTHER THAN SPOUSE)		
ADDRESS		PHONE #
PERSONAL REFERENCE (NOT RELATIVE)		PHONE #

APPLICANT #2 (IF APPLICABLE)

NAME		
RELATIONSHIP		SS#
CURRENT HOME ADDRESS		
CITY		STATE, ZIP
HOME PHONE () -		
DATE OF BIRTH		
EMPLOYED BY		PHONE
LENGTH OF EMPLOYMENT		SALARY \$ PER WK. MO. YR.
YRS.	MOTHS.	

I certify that the information on this application is true to the best of my knowledge and belief. Authorization is given to FTL finance and/or any related business entity to contact recognized credit bureaus in order to secure credit information they may have pertaining to my credit paying habits, and further, to verify information furnished on this application. \$50.00 application fee may be charged to applicant depending on applicants credit history.

 APPLICANT'S SIGNATURE DATE

 APPLICANT'S #2 SIGNATURE DATE