

Thoroughbred Ford Credit Application

APPLICATION STATEMENT (Please Print)

*Please fill out and bring with you to the dealership or fax to: Attention Internet Dept (816) 505-9196

CHECK ONE APPLICABLE BOX (PRIMARY APPLICANT AND JOINT APPLICANTS MUST COMPLETE SEPARATE FORMS): Primary Applicant: <input type="checkbox"/>						Joint Applicant: <input type="checkbox"/> Application is for joint credit with primary applicant or as a guarantor. <input type="checkbox"/> Primary applicant is relying on you for income for alimony, child support, or separate maintenance or on your income or assets as the basis for repayment of the credit requested.						If Joint Applicant, Relationship to Applicant: <input type="checkbox"/> S - Married <input type="checkbox"/> P - Parent <input type="checkbox"/> O - Other					
Last Name		First Name		Middle Name								<input type="checkbox"/> Jr. <input type="checkbox"/> Sr.					
Date of Birth				Soc. Sec. No.				Driver's License No. and State									
Physical Address (Number, Street, Apartment)						City		State		Zip Code							
Billing Address (Number, Street, Apartment, P.O. Box)						City		State		Zip Code							
County		Phone in Applicant's Home? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		Phone Number Area Code ()		1 <input type="checkbox"/> Own Home Outright 3 <input type="checkbox"/> Living with Relatives		5 <input type="checkbox"/> Own/Buying Mobile Home		Lived There <input type="checkbox"/> Yrs. <input type="checkbox"/> Mos.							
Cell Phone Number Area Code ()		Other Phone Number Area Code ()		Email Address - Personal				Email Address - Business									
Name and Address of Landlord or Mortgage Holder				Phone Number of Landlord or Mortgage Holder Area Code ()				Rent or Mtge. Pmt. \$									
Previous Address (Street, City, State and Zip Code) (If less than 2 years at present address)										Lived There Yrs.							
Level Of Education (Age Under 27 Only)		1 <input type="checkbox"/> 4-Year College Grad.		2 <input type="checkbox"/> 2-Year College Grad.		3 <input type="checkbox"/> Special Training		4 <input type="checkbox"/> Some College		High School Grad.? 5 <input type="checkbox"/> Yes 6 <input type="checkbox"/> No							
Current Employer Name						Current Employer Address											
Applicant's Occupation (If military, state rank)				Work Phone Number Area Code ()		Gross Monthly Salary \$		Time on Job Yrs. Mos.									
*Alimony, child support or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.				*Source of other income		Other Income \$											
Previous Employer's Name (If less than 5 years at current employer)						City/State											
Name of Bank						1 <input type="checkbox"/> Checking & Savings		3 <input type="checkbox"/> Savings Only		2 <input type="checkbox"/> Checking Only		4 <input type="checkbox"/> No Account					
Have You Ever Had a Car or Other Merchandise Repossessed?		<input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, When?		Month Year		Have You Ever Filed Bankruptcy?		<input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, When?		Month Year							
Creditor's Name and City/State			Date Opened	Monthly Pmt. Amount	Unpaid Balance	Creditor's Name and City/State			Date Opened	Monthly Pmt. Amount	Unpaid Balance						
(Current/Previous Cars Financed by or Leased Through)						(Other Credit)											
(1)						(3)											
(2)						(4)											
Name and Address of Applicant's Nearest Relatives/Friends Not in Household (1)						Phone No. Area Code ()		Relationship									
(2)						Phone No. Area Code ()		Relationship									
(3)						Phone No. Area Code ()		Relationship									
(4)						Phone No. Area Code ()		Relationship									
For the purpose of securing credit from you, I certify that the above information is true and complete to the best of my knowledge. Applicant further certifies that I have attained the age of majority. Applicant authorized you, to check my credit and employment history and to provide and/or obtain information about credit experience with me.																	
F O R U S E L O A N E L E N D E R Y S	<input type="checkbox"/> New <input type="checkbox"/> Used		Vehicle Identification Number														
	Year	Model		Make		Body Style (If used vehicle)		Mileage (If used vehicle)									
	Optional Equipment (If used vehicle)																
	Trade	Make	Model	Body Style	Dealer Name												
	<input type="checkbox"/> Air <input type="checkbox"/> P/S <input type="checkbox"/> P/B <input type="checkbox"/> Auto Tr. Other																
(1) Cash Price/Cap Cost (Incl. tax, title, reg. fees).....\$ _____ (1) (2) Down Payment/Cap Cost Reduction Cash \$ _____ + Rebate \$ _____ = \$ _____ (A) Trade: Allow. \$ _____ - Owed \$ _____ = \$ _____ (B) Total of Line (2) (A+ B) _____ (2) (3) Unpaid Balance/Acquisition Cost (1 - 2) _____ (3) If RCL: MSRP \$ _____ / LEV \$ _____ (4) Payable in _____ Mo. instalments of.....\$ _____ (4)																	
I acknowledge by signing this document that I have read both sides of this form.																	
The dealer and its assigns may share and use information about you, including information in this application, with entities that are related by common ownership or affiliated by common control. If you do not want this information shared with these entities, please mark the box provided below.																	
<input type="checkbox"/> By checking this box, I do not want this information shared (other than information on transactions or experiences with me).																	
Applicant Signature: _____										Date: _____							