

ENTERPRISE AUTOMOTIVE GROUP

P.O.B. 701, ARDSLEY, NEW YORK 10502-0701

Telephone (914) 965-1200 Fax (888) 664-6061 email EAG@nyautoloans.com

DEALER NAME _____

DEALER TELEPHONE _____ CONTACT PERSON _____

BUYER'S NAME _____ SS#

VEHICLE INFORMATION

NEW APPLICATION CHANGE OF CAR OTHERS _____

YEAR MAKE _____ MODEL _____

COLOR _____ BODY/STYLE _____ CYLINDER _____

TRANSMISSION _____ EXACT MILES (ODOMETER READING) ,

MUST CHECK ONE BOX → ACTUAL TMU SALVAGE OTHERS _____

FACTORY OPTIONS (PLEASE LIST ALL OPTIONS THAT ADD VALUE TO THE VEHICLE)

SERIAL NUMBER

LOAN AMOUNT INFORMATION

1. SELLING PRICE BEFORE TAX, **PLEASE DO NOT ADD TAX** \$ _____
2. ADD WARRANTY (WARRANTY CO _____) \$ _____
3. TOTAL CASH DOWN PAYMENT \$ _____
4. TOTAL TRADE ALLOWANCE \$ _____
YEAR _____ MAKE _____ MODEL _____
5. ADD PAY-OFF FOR TRADE-IN IF ANY \$ _____
PAYOFF TO _____
6. ADD D.M.V. FEE (MAX OF \$250.00; CT DEALERS NEW \$140.00 TRANSFER \$66.00) \$ _____
7. ADD INSPECTION (MAX OF \$37.00; FOR CT DEALERS \$20.00) \$ _____



ALL LOANS ARE BASED ON N.A.D.A. LOAN VALUE.
APPLICATION AND COVER SHEET MUST BE COMPLETE TO PROCESS.

SELLING DEALER _____ TELEPHONE (____) _____ DATE ____/____/____

BUYER CO-BUYER FOR _____ SS# OF BUYER _____

NAME _____ RELATIONSHIP # DEPENDENTS _____

FIRST NAME MIDDLE NAME LAST NAME SUFFIX

DATE OF BIRTH ____/____/____ SOCIAL SECURITY # SINGLE MARRIED

HOME ADDRESS _____ YEARS ____ MOS ____
NUMBER STREET NAME APT# CITY STATE ZIP

HOME TELEPHONE (____) _____ CELL PHONE NUMBER (____) _____

BEEPER NUMBER (____) _____ E-MAIL ADDRESS _____

RENTING MORTGAGE OTHER _____ AMOUNT \$ _____ / MONTH

NAME OF MORTGAGE COMPANY/LANDLORD _____

IF LESS THAN 3 YEARS AT PRESENT HOME ADDRESS MUST HAVE PREVIOUS HOME ADDRESS

PREVIOUS ADDRESS _____ YEARS ____ MOS ____
NUMBER STREET NAME APT# CITY STATE ZIP

EMPLOYER _____ TELEPHONE (____) _____ EXT _____

EMPLOYER ADDRESS _____
NUMBER STREET NAME FLR# CITY STATE ZIP SUITE#/ DEPARTMENT

INCOMPLETE AND ILLEGIBLE CREDIT APPLICATION WILL NOT BE PROCESSED OR DELAY PROCESSING.

POSITION _____ YEARS ____ MOS ____

GROSS INCOME YEARLY MONTHLY BI-WEEKLY WEEKLY \$ _____

2ND INCOME/EMPLOYER _____ TELEPHONE (____) _____ EXT _____

2ND EMPLOYER ADDRESS _____ YEARS ____ MOS ____

POSITION _____ GROSS YEARLY INCOME \$ _____

IF LESS THAN 3 YEARS AT PRESENT EMPLOYER MUST HAVE PREVIOUS EMPLOYER

PREVIOUS EMPLOYER _____ YEARS ____ MOS ____

ADDRESS _____
NUMBER STREET NAME FLR# CITY STATE ZIP SUITE#/ DEPARTMENT

CREDIT REFERENCES AMEX MASTER CHARGE VISA AUTO LOAN OTHERS _____

NEAREST RELATIVE NOT LIVING WITH YOU _____ RELATION _____

ADDRESS _____ TELEPHONE (____) _____

DURING THE REVIEW OF MY APPLICATION YOU, A BANK AND/OR A FINANCE COMPANY MAY OBTAIN A CONSUMER CREDIT REPORT FOR THE PURPOSE OF SECURING CREDIT FROM YOU IN CONNECTION WITH THIS PURCHASE BY ME OF THE MOTOR VEHICLE MENTIONED HEREON AND TO INDUCE A BANK OR A FINANCE COMPANY TO PURCHASE THE RETAIL INSTALLMENT CONTRACT. YOU, A BANK AND/OR A FINANCE COMPANY MAY CONTACT THE EMPLOYERS LISTED ABOVE TO OBTAIN VERIFICATION OF MY EMPLOYMENT, INCOME AND OTHER PERTINENT INFORMATION CONTAINED IN THIS CREDIT APPLICATION. THE UNDERSIGNED MAKES THE FOLLOWING REPRESENTATIONS AS TRUE AND CORRECT AND UPON WHICH YOU CAN RELY.



X _____ DATE ____/____/____
CUSTOMER'S SIGNATURE