

Sebrite Corporation

Specializing in RV & Marine Finance

4068 Mt. Royal Blvd.
Allison Park, PA 15101
1.800.767.8881
Fax: 1.800.735.8881

A P P L I C A N T	Full Name (First, Middle, Last)				C O - A P P L I C A N T	Full Name (First, Middle, Last)			
	Date of Birth		Social Security #			Date of Birth		Social Security #	
	Street Address					Street Address			
	City	State	Zip	Time at address Yrs. Mos.		City	State	Zip	Time at address Yrs. Mos.
	No. of dependents		Home Phone			No. of dependents		Home Phone	
	<input type="checkbox"/> Own	Mortgage/Landlord	Current Value	Monthly Payment		<input type="checkbox"/> Own	Mortgage/Landlord	Current Value	Monthly Payment
	<input type="checkbox"/> Rent			\$		<input type="checkbox"/> Rent			\$
	<input type="checkbox"/> Other					<input type="checkbox"/> Other			
	Previous Street Address (if current is less than 3 years)					Previous Street Address (if current is less than 3 years)			
	City	State	Zip	Time at address Yrs. Mos.		City	State	Zip	Time at address Yrs. Mos.
Employer	Position	Business Phone	Monthly gross Income \$	Employer	Position	Business Phone	Monthly gross Income \$		
City	State	Zip	Years of Employment Yrs. Mos.	City	State	Zip	Years of Employment Yrs. Mos.		
Previous employer (if current is less than 3 years)				Previous employer (if current is less than 3 years)					
City	State	Zip	Years of Employment Yrs. Mos.	City	State	Zip	Years of Employment Yrs. Mos.		

Additional Income

I do not have to reveal alimony, child support, or maintenance income unless I wish to be considered as a basis for repayment.	Nature of additional income	Monthly amount \$	How long will it last? Yrs. mos.
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References

Bank Reference (Name and City)	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	Member of A.C.U. <input type="checkbox"/> Yes <input type="checkbox"/> No
Credit Union (Name and Phone)	Nearest relative not living with you (Name, Address and Phone)	

Credit Obligations (include those of co-applicant if different)

Type	Creditor	Payment	Balance	Type	Creditor	Payment	Balance
Auto				Credit Account			
Credit Account				Other			

Have you ever filed bankruptcy? _____ How long ago? _____

I certify that the information given is true, correct and complete and is given for the purpose of obtaining credit, and Sebrite Corporation, and any other creditor or prospective creditor of the undersigned or any agency employed by you or any of them are authorized to make investigations concerning the undersigned or concerning the above information and to disclose to each other the information set forth above and the results of such investigations.
ANY FAX TRANSMISSION OF MY SIGNATURE WILL BE HELD EQUALLY ENFORCEABLE AS MY GENUINE SIGNATURE.

Applicants Signature	Date	Co-Applicant's Signature	Date
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For Dealer Use Only

Dealer Name:					Pricing	
Contact Name:					Total Sell Price _____	
Unit Info:					+Tax _____	
Model Year	Make	Model	Dealer cost/Invoice	+Fees _____		
New/Used				+Trade Pay-Off _____		
New/Used				-Trade-in Allowance** _____		
New/Used				-Cash Down _____		
**Trade			Pay off Bank:	=Amount Financed _____		