

HERBIE'S EZ CREDIT APPLICATION

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED

PERSONAL INFORMATION					
First Name:		Middle:		Last:	DOB:
Address:		Apt #:	City:	State:	Zip:
Name of Apt Complex/Subdivision:				How Long Have You Lived Here:	
Monthly Mortgage/Rent Payment:			Landlord's Name & Phone #:		
Home Phone:		Cell #:	Work #:		Other #:
SSN:		Email:		Alt. Email:	
DL/Other ID #:		Type of ID:	State Issued:	Exp. Date:	
# of Dependents:	Names & Ages of Dependents:				
Current Employer:			Address:		
Job Title:		Date of Hire:		Pay Rate:	
Supervisor:			Phone #:		
Other Sources of Income:			Amount of Additional Income:		
Current Vehicles Owned:					
Year	Make	Model	Plate #	Amt. Owed	Where Purchased
Year	Make	Model	Plate #	Amt. Owed	Where Purchased
How Did You Hear About Herbies?					
FORMER RESIDENTIAL ADDRESSES					
Previous Address Old #1:			City:	State:	How Long There:
Previous Address Older #2:			City:	State:	How Long There:
Previous Address Oldest #3:			City:	State:	How Long There:

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FORMER EMPLOYERS

Previous Employer Old #1: City: State:
Job Title: How Long There:
Supervisor: Phone #:

Previous Employer Older #2: City: State:
Job Title: How Long There:
Supervisor: Phone #:

Previous Employer Oldest #3: City: State:
Job Title: How Long There:
Supervisor: Phone #:

Previous Vehicles Owned:

Year	Make	Model	Plate #	When Purchased	Where Purchased

Have you previously purchased a vehicle from Herbies? Yes No (Please Circle One)

When? Under What Name?

Have you in the last 2 years, or do you plan on in the next year filing bankruptcy? Yes No (Please Circle One)

SIGNIFICANT OTHERS INFORMATION

First Name: Middle: Last: DOB:

Address: Apt #: City: State: Zip:

Name of Apt Complex/Subdivision: Move in Date:

Monthly Mortgage/Rent Payment: Landlord Name & Phone #:

Home Phone: Cell #: Work #: Other #:

SSN: Email: Alt. Email:

DL/Other ID#: Type of ID: State Issued: Exp. Date:

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REFERENCE LIST CON'T. (REFERENCES SHOULD HAVE DIFFERENT ADDRESSES/PHONE NUMBERS)		
Name:	Relationship:	Years Known:
Home:	Cell:	Work:
Address:		
City, State, Zip:		
Name:	Relationship:	Years Known:
Home:	Cell:	Work:
Address:		
City, State, Zip:		

Everything that I have stated in this application is true and correct to the best of my knowledge. I understand that this application becomes the property of Herbie's. You are authorized to check my credit and employment history and to answer questions about your credit experience with me. The information provided will be used to determine the amount and terms of credit to be extended to me.

You authorize us to obtain consumer credit reports from time to time as we deem necessary for legitimate business purposes, in connection with the transaction that is proposed by this application or any future update, renewal, or extension of that transaction. Upon request, you will be informed if a consumer report was ordered. If a report was requested, you will be informed of the name and address of the consumer credit reporting agency that furnished the report. We may keep this application whether it is approved or not. By signing below, you agree that the creditor may contact any party mentioned in this application to verify the information contained herein or otherwise underwrite credit. You authorize us to check your credit and employment history and to answer questions others may ask us about your credit record with us.

You agree that Herbie's and any financial company that reviews this credit application may monitor and record your telephone communications to assure the quality of service. You authorize and give your consent to receive calls and text messages from the creditor or its third-party debt collector at any number you have given us, including calls and messages made using an automatic telephone dialing system or pre-recorded message.

By signing below, you acknowledge you have read the applicable notices on this page and agree to these terms.

Applicant's Signature

Date

Joint or Other Signature (where applicable)

Date