

DATE _____
RECOMMENDED BY _____
AMT. APPLIED FOR _____
PURPOSE/REASON _____
APPROVED BY: _____



2607 N. Main St.
Las Cruces, NM 88001
(575)527-1122
(575)5270968 Fax

CHECK LIST
LICENSE OR ID CARD _____
UTILITY BILL _____
CK. STUB (2) / W-2 _____
FORMS _____
PICTURES _____
INSURANCE _____
VERIFY EMPLOYMENT _____

LAST NAME _____ FIRST NAME _____ M. _____

PHONE NUMBER _____ HOME CELL OTHER _____

ALTERNATE PHONE NUMBER _____

EMAIL _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIPCODE _____

PHYSICAL ADDRESS _____

CITY _____ STATE _____ ZIPCODE _____

TIME AT ADDRESS _____ OWN, RENT OR BUYING \$ _____

PREVIOUS ADDRESS _____

DOB _____ SOCIAL SECURITY # _____

EMPLOYED BY: _____ PHONE _____

HOW LONG _____ TITLE _____ INCOME (GROSS) _____

2ND SOURCE OF INCOME _____ BUS. PHONE _____ INCOME \$ _____

PREVIOUS EMPLOYMENT _____ LENGTH OF TIME _____ INCOME \$ _____

COLLATERAL:

DESCRIPTION OF COLLATERAL: _____

VIN# _____ PTD # _____ MILES _____

RETAIL VALUE \$ _____ CLEAN LOAN VALUE \$ _____

CURRENT DUE TAXES \$ _____ PAST DUE TAXES \$ _____

I CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND ACCURATE. I AUTHORIZE AN INVESTIGATION OF MY CREDIT AND EMPLOYMENT HISTORY AND THE RELEASE OF INFORMATION ABOUT MY CREDIT HISTORY.

APPLICANT'S SIGNATURE: _____