

ACKNOWLEDGMENT BY CO-APPLICANT: By providing Co-Applicant information, you confirm your intent to apply for joint credit and be jointly liable for the debt.



Cell _____ Email _____
APPLICANT

Cell _____ Email _____
CO-APPLICANT / Non-spousal applicant requires separate application

First Name _____ Middle Initial _____ Last Name _____

First Name _____ Middle Initial _____ Last Name _____

Social Security Number _____ Date of Birth _____

Social Security Number _____ Date of Birth _____

Street _____ (_____) _____
 Home Telephone _____

Street _____ (_____) _____
 Home Telephone _____

City, State, Zip _____ Years/Months There _____
 Employed
 Retired

City, State, Zip _____ Years/Months There _____
 Employed
 Retired

Employer _____ Years Employed _____

Employer _____ Years Employed _____

Position _____ (_____) _____
 Business Telephone _____ Percentage Owned _____

Position _____ (_____) _____
 Business Telephone _____ Percentage Owned _____

\$ _____
 Gross Monthly Income _____ Type of Business _____

\$ _____
 Gross Monthly Income _____ Type of Business _____

Previous Employer _____ Years/Months Employed _____

Previous Employer _____ Years/Months Employed _____

\$ _____
 Other Monthly Income _____ Source _____

\$ _____
 Other Monthly Income _____ Source _____

\$ _____
 Other Monthly Income _____ Source _____

\$ _____
 Other Monthly Income _____ Source _____

\$ _____
 Alimony, child support or separate maintenance payments received.
 Alimony, child support or separate maintenance income need not be revealed if you do not wish it to be considered as a basis for repaying this obligation.

\$ _____
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Name and telephone of **relative** that does not live with you.

Name and telephone of **relative** that does not live with you.

Please tell us about your residences

Please tell us about your finances

PRIMARY RESIDENCE: Live in RV Fulltime

Mortgage Holder or Landlord _____ Value _____ Date Purchased _____

Checking Account _____ Institution _____ \$ _____
 Balance _____

\$ _____
 Rent Mortgage Payment _____ Mortgage Balance _____

Savings Account _____ Institution _____ \$ _____
 Balance _____

Existing Second Lienholder _____ Balance _____ \$ _____
 SECOND RESIDENCE: _____ Payment _____

Investment Account _____ Institution _____ \$ _____
 Balance _____

Address _____

Other Account _____ Institution _____ \$ _____
 Balance _____

Mortgage Holder _____ Value _____ Date Purchased _____

Other Account _____ Institution _____ \$ _____
 Balance _____

\$ _____ \$ _____ \$ _____
 Mortgage Payment _____ Mortgage Balance _____ Monthly Rental Income _____

Other Account _____ Institution _____ \$ _____
 Balance _____

Outstanding Debt

Creditor Name	Describe Collateral (auto, RV, loan, credit card, etc.)	Balance	Monthly Payment
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

Have you filed bankruptcy in the past 10 years? No Yes If yes, what date: _____

Please read and sign

I (We) represent, warrant and affirm that all of the statements made by me (us) in this application are true and correct and have been made by me (us) in order to induce you to grant credit to me (us) and with knowledge that you will rely thereon, without limiting the foregoing. I (we) represent and warrant that I (we) have no outstanding obligations to any Bank, Loan Company, Corporation or individual except as shown in this application and that no lawsuits or judgments are pending or entered against me (us). I (we) authorize you to exchange credit information with others in connection with this application. I (we) agree that this application shall be and remain your property whether or not this application is approved. Consumer credit report or reports may be requested from one or more consumer reporting agencies (credit bureaus) in connection with this application. This consumer credit report may be requested and used in connection with any debt, renewal or extension of credit requested by this application. If I (we) request, I (we) will be informed whether any consumer credit report was requested and, if so, the name and address of the consumer reporting agency which furnished the report.

Applicant's Signature _____ Date _____

Co-Applicant's Signature _____ Date _____

COLLATERAL INFORMATION

NAME AND ADDRESS OF SELLER PURCHASE PRICE SALES TAX TOTAL CASH DOWN PAYMENT TRADE-IN TOTAL DOWN PAYMENT FINANCE AMOUNT REQUESTED TERM: RATE: PHONE # SALESPERSON

TELL US ABOUT YOUR BOAT / RV

NEW/USED YEAR MAKE MODEL LENGTH ENGINE MANUFACTURER ENGINE TYPE SINGLE/TWIN GAS/DIESEL HP

TRADE-IN INFORMATION

NEW/USED YEAR MAKE MODEL LENGTH ENGINE MANUFACTURER ENGINE TYPE SINGLE/TWIN GAS/DIESEL HP

PERSONAL FINANCIAL STATEMENT AS OF

Table with columns ASSETS and LIABILITIES. Rows include TOTAL ASSETS, LESS TOTAL LIABILITIES, and NET WORTH.

PROOF OF INCOME must be submitted with all applications. You can expedite the process by providing your two (2) most current 1040 tax returns and IF YOU ARE SELF EMPLOYED, your two (2) most current business statements or tax returns herewith.

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account.

EXCEL CREDIT
505 Wekiva Springs Road, Suite 200, Longwood, FL 32779
Please visit our website for more information www.excelcredit.com
Toll Free 800-337-7774 or Local Phone 407-862-2225
Fax: 407-862-2298 or Phone Line Fax: 407-862-6586
You can also Email application to: customerservice@excelcredit.com

- Along with your application please provide the following information:
1) Copy of your current Driver's License & current Utility Bill (clear copy for Identity)
2) A two year tax return, W2, current pay stub (Income Verification) if self-employeee, 2 year tax personal + business w/all schedules
3) A copy of current Bank Statement (Proof of Liquidity) Personal / Corporate if applies.