

Wisdom Financial

Solid Partners, Flexible Solutions

277 Northern Blvd., Suite 100 Great Neck, NY 11021

Phone: 516-829-7570 Fax 516-829-7603

CREDIT APPLICATION MUST BE SIGNED BY APPLICANT(S)

Today's Date _____

DEALER NAME _____

DEALER ADDRESS _____

PHONE # _____

FAX # _____

BASIC INFORMATION

*Name in Full _____ *Date of Birth _____

*Address _____ *Social Security # _____

*City _____ *State _____ *Zip _____ *Phone # (____) _____

*How long there? _____ *Rent/Mortgage \$ _____ Cell # (____) _____

E-mail Address _____

CURRENT EMPLOYMENT:

Check Here If Self Employed

*Company Name _____ *Phone # (____) _____

Business Address _____ Between Streets _____

City _____ State _____ Zip _____ *Years There _____

*Position _____ *Annual Salary _____

2nd Job. If any or Previous Employer _____

CO-APPLICANT INFORMATION - *RELATIONSHIP TO APPLICANT

*Name in Full _____ *Date of Birth _____

*Address _____ *Social Security # _____

*City _____ *State _____ *Zip _____ Phone # (____) _____

E-mail Address _____

*Company Name _____ *Phone # (____) _____ *Years There _____

Address _____

*Position _____ *Salary _____ Cell # (____) _____

***Required fields need to filled out**

FINANCIAL INFORMATION

Bank Name _____ Address _____

Checking Acct # _____ Savings # _____

VEHICLE INFORMATION

Year _____ Make _____ Model _____ Mileage _____

Vin # _____ Price _____ Down Payment _____

Trade-in _____ Year/Make/Model _____ Amount of Finance _____

The Federal Equal Credit Opportunity Act prohibits discrimination on the basis of race, color, religion, national origin, sex, marital status, age; because all or part of a person's income derives from any public assistance program; or because a person in good faith has exercised any right under the Federal Consumer Credit Protection Act. The agency which administer this law is the Federal Trade Commission, Washington, D.C. 20580. Should applicant's credit be rejected, he or she is entitled to know the reason if he requests it in writing.

In connection with this application or any future credit update, you are authorized to obtain a consumer report from a credit reporting agency. I understand that, upon request, you will provide me with the name and address of such agency.

Applicant's Signature _____

Date _____

Co-Applicant's Signature _____

Date _____