

Greg's Auto Sales – Finance Application

(complete fields highlighted in yellow only if applicable – all other fields must be completed)

Co-Buyer First

Name _____

Middle Name _____

Last Name _____

Street _____

City/State/Zip _____

Length of Residency _____

County _____

If less than 2 years residency, provide previous residence

Street _____

City/State/Zip _____

Length of Residency _____

County _____

Cell Phone _____ Texting (y/n)

Home Phone _____

Work Phone _____

E-mail _____ for receipts

Birthday _____ (must be 18 years old) Male__ Female__

SSN _____ (**attach copy of Driver license**)

Have you applied for credit with us before? (y/n)

Employer Name _____

Length of Time _____

Employer Phone No _____

(attach 3 months of check stub copies)

If less than one year employment history, provide previous employer

Employer Name _____

Length of Time _____

Employer Phone No _____

Insurance Name _____

Full Coverage Insurance _____

Name of nearest relative not living with you

Phone # _____

Print Applicant Full Name

Applicant Signature

Date