

# CU COMPANION

FAX (877) 566-1571 ■ PHONE (877) 566-1570



DEALER NAME:

APPLICANT TYPE:  INDIVIDUAL  JOINT

LOAN TYPE:  AUTO  BOAT  REC. VEHICLE  PERSONAL

VEHICLE INFORMATION:  NEW  USED

|  |   |
|--|---|
| MAKE:  | YEAR:   |
| MILEAGE:   | MODEL:  |
| VIN #:   | VEHICLE VALUE: \$   |
| AMOUNT REQUESTED: \$   | TERM (in months): <input type="checkbox"/> 12 <input type="checkbox"/> 24 <input type="checkbox"/> 36 <input type="checkbox"/> 48 <input type="checkbox"/> 60 <input type="checkbox"/> 72 <input type="checkbox"/> 84 |
| <input type="checkbox"/> GAP INSURANCE <input type="checkbox"/> CREDIT LIFE DISABILITY <input type="checkbox"/> WARRANTY | ADD IN FINANCING TAX, TITLE & TAG? <input type="checkbox"/> YES <input type="checkbox"/> NO   |

|                              |  |                    |  |
|------------------------------|--|--------------------|--|
| FIRST NAME:                  |  | MIDDLE NAME:       |  |
| LAST NAME:                   |  | HOME PHONE:        | (     )     -  |
| WORK PHONE:                  | (     )     -  | MOBILE PHONE:      | (     )     -  |
| EMAIL:                       |  | DOB:               | /     /  |
| SSN:                         | -     -  | CITIZENSHIP:       | <input type="checkbox"/> US ( <input type="checkbox"/> PERM RESIDENT <input type="checkbox"/> NON PERM RESIDENT )<br><input type="checkbox"/> NON RESIDENT ALIEN |
| IDENTIFICATION TYPE:         | <input type="checkbox"/> DRIVERS LICENSE <input type="checkbox"/> STATE ID <input type="checkbox"/> PASSPORT | DATE ISSUED:       | /     /  |
| STATE/ID #:                  |  | DATE EXPIRED:      | /     /  |
| ADDRESS 1:                   |  | ADDRESS 2:         |  |
| CITY:                        |  | STATE:             |  |
| ZIP:                         | <input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> LIVES w/<br>FAMILY       | DURATION:          | YEARS:     MONTHS:   |
| EMPLOYMENT STATUS:           | <input type="checkbox"/> EMPLOYED <input type="checkbox"/> SELF EMPLOYED                                     | EMPLOYER NAME:     |  |
| YEARS:                       | MONTHS:  | EMPLOYER ADDRESS : |  |
| TITLE:                       |  | CITY/STATE :       |  |
| GROSS MONTHLY INCOME:        | \$     OTHER INCOME     \$   | EMPLOYER PHONE:    |  |
| CREDIT REFERENCE FIRST NAME: |  | LAST NAME:         |  |
| PHONE #:                     | (     )     -  |                    |  |

**SIGNATURE:** \_\_\_\_\_