



Fax to Searlity
800.518.6804

*Notice: Alimony, child support, or other income need not be revealed if you as the Applicant or Co-Applicant does not choose to have it considered for repaying this loan.

APPLICANT NAME First		Middle		Last		Birth Date / /		Social Security #		
Current Street Address				City		State	ZIP Code		How long at address? Yrs Mo	Rent Own Lease
Previous Street Address if at current address less than 2 years				Previous City		State	ZIP Code		Home Phone:	
Mortgage holder or Landlord name & address				Mortgage holder/landlord Phone		Balance \$		Value \$	Pay/mo \$	
Nearest Relative not living with you & their address						Phone		Relationship		
Present Employer name & address				Your current job title	How long?	Phone		Total <u>Monthly</u> Income		
Previous Employer name & address				Your previous job title	How long?	Phone		Gross: \$ Total <u>Annual</u> Income \$ *Income source:		

CO-APPLICANT NAME First		Middle		Last		Birth Date / /		Social Security #		
Current Street Address				City		State	ZIP Code		How long at address? Yrs Mo	Rent Own Lease
Previous Street Address if at current address less than 2 years				Previous City		State	ZIP Code		Home Phone:	
Mortgage or Landlord name & address				Mortgage holder/landlord Phone		Balance \$		Value \$	Pay/Mo \$	
Nearest Relative not living with you & their address						Phone		Relationship		
Present Employer name & address				Your current job title	How long?	Phone		Total <u>Monthly</u> Income		
Previous Employer name & address				Your previous job title	How long?	Phone		Gross: \$ Total <u>Annual</u> Income: \$ *income source:		

AUTHORIZATION I attest that information in this Application is complete and accurate and that false statements may subject me to criminal penalties. I authorize a full investigation of my credit record by the Dealer and its assigns, including financial institutions and financial services providers, and any creditor or business identified above may release information about its experience with me. I understand that financial institutions will be given a copy of this Application, that they will rely on this information to judge my credit worthiness, and that they will retain this Application and information whether or not this Application is approved. I understand that only individuals who are attempting to secure credit on my behalf will review this information, and that at any time I may discontinue this credit process by notifying the Dealer at the phone number below, or by notifying financial services providers that I speak to during the credit process that I do not want to proceed further.

Applicant's Signature _____				Date _____		Co-Applicant's Signature _____				Date _____	
Callback phone # ()				Callback phone # ()							
Type: Boat Auto	Year	Make	Model/VIN	new used		Selling price with options & accessories		\$			
RV Trailer						(Add) Taxes		\$			
Type: Boat Motor RV	Year	Make	Model/VIN	new used		(Add) Fees		\$			
Motor RV						(Subtract) Trade Allowance		\$			
Type: Trade: Auto Boat Motor RV	Year	Make	Model/VIN	Payoff/Amount Owed		(Add) Trade Payoff		\$			
Boat Motor RV				\$ _____		(Subtract) Cash Down		\$			
Payoff owed to				Term of loan desired				Amount Financed			
Special Instructions											
Kuhl's Trailer Sales		phone	618.752.5473	Fax	618.752.5473	Salesperson					