

Vans of Great Bridge CREDIT APPLICATION

APPLICANT INFORMATION

Name:

Date of birth:

SSN:

Phone:

Current address:

City:

State:

ZIP Code:

Own Rent (Please circle)

Monthly payment or rent:

How long?

Previous address:

City:

State:

ZIP Code:

Owned Rented (Please circle)

Monthly payment or rent:

How long?

EMPLOYMENT INFORMATION

Current employer:

Employer address:

How long?

Phone:

E-mail:

Fax:

City:

State:

ZIP Code:

Position:

Hourly Salary (Please circle)

Annual income:

Previous employer:

Address:

How long?

Phone:

E-mail:

Fax:

City:

State:

ZIP Code:

Position:

Hourly Salary (Please circle)

Annual income:

Name of a relative not residing with you:

Address:

Phone:

City:

State:

ZIP Code:

Relationship:

CO-APPLICANT INFORMATION, IF FOR A JOINT ACCOUNT

Name:

Date of birth:

SSN:

Phone:

Current address:

City:

State:

ZIP Code:

Own Rent (Please circle)

Monthly payment or rent:

How long?

Previous address:

City:

State:

ZIP Code:

Owned Rented (Please circle)

Monthly payment or rent:

How long?

EMPLOYMENT INFORMATION

Current employer:

Employer address:

How long?

Phone:

E-mail:

Fax:

City:

State:

ZIP Code:

Position:

Hourly Salary (Please circle)

Annual income:

Previous employer:

Address:

Phone:

E-mail:

Fax:

City:

State:

ZIP Code:

Position:

Hourly Salary (Please circle)

Annual income:

APPLICATION INFORMATION CONTINUED

**Vans of Great Bridge
CREDIT APPLICATION**

Name of a relative not residing with you:			
Address:		Phone:	
City:	State:	ZIP Code:	
Relationship:			
CREDIT CARDS			
Name	Account no.	Current balance	Monthly payment
MORTGAGE COMPANY			
Account no.:		Address:	
AUTO LOANS			
Auto loans	Account no.	Balance	Monthly payment
OTHER LOANS, DEBTS, OR OBLIGATIONS			
Description	Account no.	Amount	
OTHER ASSETS OR SOURCES OF INCOME			
Description	Amount per month or value		
I authorize Vans of Great Bridge to access my credit history for the purposes of forwarding my information to a financial institution for financing.			
Signature of applicant			Date
Signature of co-applicant, if for joint account			Date

**Vans of Great Bridge
1109 S. Battlefield Blvd.
Chesapeake, Va. 23322
Ph: 757-482-9112 Fx: 757-482-7540**

Auto Finance Application INSTRUCTIONS

Please fill in as complete as possible and mail or fax to Vans of Great Bridge for faster processing.

**All applications must be signed by each applicant.
Must include a copy of your current driver's license.**

Note: An EXCELLENT and SUBSTANTIAL credit record is needed to qualify for our lenders auto loans.

You can order a copy of your credit report by contacting one of the three national credit bureau agencies:

Equifax – www.equifax.com, 1-800-685-1111 Experion – www.experion.com, 1-888-397-3742

Transunion – www.transunion.com, 1-800-916-8800