

LIBERTY CYCLES

820 HWY 70 W
 Alamogordo, NM 88310
 575-434-7771 575-430-8543
 Fax: 575-434-7771

CREDIT APPLICATION

APP # _____

(A) APPLICANT INFORMATION				(B) JOINT APPLICANT INFORMATION			
PRINT FULL NAME				PRINT FULL NAME			
DOB	SSN	# OF DEPENDENTS		DOB	SSN	# OF DEPENDENTS	
STREET ADDRESS				STREET ADDRESS			
CITY	STATE	ZIPCODE		CITY	STATE	ZIPCODE	
HOW LONG?	HOME PHONE	CELL PHONE		HOW LONG?	HOME PHONE	CELL PHONE	
RESIDENTIAL STATUS	MONTHLY RENT/MORTGAGE PMT			RESIDENTIAL STATUS	MONTHLY RENT/MORTGAGE PMT		
LANDLORD OR MORTGAGE HOLDER'S NAME				LANDLORD OR MORTGAGE HOLDER'S NAME			
PREVIOUS ADDRESS (if less than 2 yrs at current address)				PREVIOUS ADDRESS (if less than 2 yrs at current address)			
CURRENT EMPLOYER'S NAME				CURRENT EMPLOYER'S NAME			
CURRENT EMPLOYER'S ADDRESS				CURRENT EMPLOYER'S ADDRESS			
GROSS MONTHLY SALARY	WORK PHONE			GROSS MONTHLY SALARY	WORK PHONE		
OCCUPATION/JOB TITLE	HOW LONG?			OCCUPATION/JOB TITLE	HOW LONG?		
PREVIOUS EMPLOYER (if less than 2 yrs on current job)	HOW LONG?			PREVIOUS EMPLOYER (if less than 2 yrs on current job)	HOW LONG?		
OTHER INCOME NOTE: Alimony, child support, or separate maintenance incomes do not have to be revealed unless the applicant wishes to have such sources considered as a basis for repayment of the requested credit amount.							
GROSS MONTHLY OTHER INCOME	OTHER INCOME SOURCE			GROSS MONTHLY OTHER INCOME	OTHER INCOME SOURCE		
REFERENCE 1	PHONE	ADDRESS		ADDRESS	RELATIONSHIP		
REFERENCE 2	PHONE	ADDRESS		ADDRESS	RELATIONSHIP		

DEAL INFORMATION

VEHICLE OF INTEREST	YEAR	MAKE	MODEL
DOWN PAYMENT	REQUESTED MONTHLY PAYMENT		
TRADE IN	YEAR	MAKE	MODEL MILEAGE

FAIR CREDIT REPORTING ACT TO CONSUMER

THIS WILL ADVISE YOU THAT YOUR RETAIL INSTALLMENT SALES CONTRACT AND BUYER'S APPLICATION FOR SECURED DEBT WILL BE SUBMITTED TO FINANCIAL INSTITUTIONS AND THEIR AFFILIATES FOR PURCHASE AND CONSIDERATION AS TO WHETHER YOU MEET THEIR CREDIT REQUIREMENTS.

THE UNDERSIGNED FURTHER AUTHORIZES THESE FINANCIAL INSTITUTIONS AND THEIR AFFILIATES TO OBTAIN SUCH INFORMATION THAT THEY MAY REQUIRE IN ORDER TO VERIFY INFORMATION RELATIVE TO THIS REQUEST INCLUDING CONTACTING SPOUSES TO VERIFY SPOUSE RELATED INFORMATION.

I CERTIFY THAT ALL INFORMATION GIVEN BY ME ON THIS APPLICATION IS COMPLETE AND ACCURATE. I GIVE MY PERMISSION FOR ANY FINANCIAL INSTITUTION WHICH WILL REVIEW THIS CREDIT APPLICATION, TO INVESTIGATE MY CREDIT AND EMPLOYMENT HISTORY, AND TO ANSWER QUESTIONS ABOUT THEIR CREDIT EXPERIENCE WITH ME INCLUDING BUT NOT LIMITED TO LATE PAYMENTS, MISSED PAYMENTS OR OTHER DEFAULTS, AND THIS INFORMATION WILL BE REPORTED IN YOUR CREDIT REPORT.

APPLICANT SIGNATURE _____
 REQUIRED _____ DATE _____

JOINT APPLICANT SIGNATURE _____
 REQUIRED _____ (means you intend to apply for joint credit) DATE _____

(A) APPLICANT Driver's License No. _____
 Social Security No. _____

(B) JOINT APPLICANT Driver's License No. _____
 Social Security No. _____