



CONSUMER CREDIT APPLICATION

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OHIO LAWS AGAINST DISCRIMINATION REQUIRE THAT ALL CREDITORS MAKE CREDIT EQUALLY AVAILABLE TO ALL CREDITWORTHY CUSTOMERS AND THAT CREDIT REPORTING AGENCIES MAINTAIN SEPARATE CREDIT HISTORIES ON EACH INDIVIDUAL UPON REQUEST. THE OHIO CIVIL RIGHTS COMMISSION ADMINISTERS COMPLIANCE WITH THIS LAW.

Applicant Information:

Customer email address: _____ Cell#: _____

NAME FIRST			MIDDLE			LAST			BIRTH DATE			SOCIAL SECURITY NUMBER					
CURRENT ADDRESS						STREET			CITY			STATE ZIP			HOME PHONE		
YEARS AT CURRENT ADDRESS			<input type="checkbox"/> OWN <input type="checkbox"/> RENT			PURCHASE PRICE IF OWED \$			PAYMENT \$			RESIDENCE VALUE \$			HOW MANY PERSONS DEPEND ON YOU FINANCIALLY?		
PREVIOUS ADDRESS (if current address is less than 3 years)						STREET			CITY			STATE ZIP			YEARS THERE		
EMPLOYER'S NAME						OCCUPATION						GROSS MONTHLY INCOME \$			YEARS THERE		
EMPLOYER'S ADDRESS						STREET			CITY			STATE ZIP			BUSINESS PHONE		
PREVIOUS EMPLOYER NAME & ADDRESS (if current employment is less than 3 years)											YEARS THERE						
NEAREST RELATIVE (Not living with you)						STREET			CITY			STATE ZIP			HOME PHONE		
NOTICE: Alimony, Child Support, or Separate Maintenance do not have to be disclosed unless you wish to have them considered as part of your income.						US CITIZEN <input type="checkbox"/> YES <input type="checkbox"/> NO			SELF EMPLOYED <input type="checkbox"/> YES <input type="checkbox"/> NO			OTHER INCOME \$ PER			OTHER INCOME SOURCES		

Co-Applicant Information:

Address same as Applicant

Customer email Address: _____ Cell#: _____

NAME FIRST			MIDDLE			LAST			RELATIONSHIP TO APPLICANT <input type="checkbox"/> SPOUSE <input type="checkbox"/> OTHER			BIRTH DATE			SOCIAL SECURITY NUMBER		
CURRENT ADDRESS						STREET			CITY			STATE ZIP			HOME PHONE		
YEARS AT CURRENT ADDRESS			<input type="checkbox"/> OWN <input type="checkbox"/> RENT			PURCHASE PRICE IF OWED \$			PAYMENT \$			RESIDENCE VALUE \$			HOW MANY PERSONS DEPEND ON YOU FINANCIALLY?		
PREVIOUS ADDRESS (if current address is less than 3 years)						STREET			CITY			STATE ZIP			YEARS THERE		
EMPLOYER'S NAME						OCCUPATION						GROSS MONTHLY INCOME \$			YEARS THERE		
EMPLOYER'S ADDRESS						STREET			CITY			STATE ZIP			BUSINESS PHONE		
PREVIOUS EMPLOYER NAME & ADDRESS (if current employment is less than 3 years)											YEARS THERE						
NEAREST RELATIVE (Not living with you)						STREET			CITY			STATE ZIP			HOME PHONE		
NOTICE: Alimony, Child Support, or Separate Maintenance do not have to be disclosed unless you wish to have them considered as part of your income.						US CITIZEN <input type="checkbox"/> YES <input type="checkbox"/> NO			SELF EMPLOYED <input type="checkbox"/> YES <input type="checkbox"/> NO			OTHER INCOME \$ PER			OTHER INCOME SOURCES		

Dealer Information:

DEALER NAME				SALESPERSON/CONTACT				DEALER PHONE							
YEAR	MAKE	MODEL	<input type="checkbox"/> NEW <input type="checkbox"/> USED	Invoice Amount: _____ Trade In: _____ Down Payment: _____ Sales Tax: _____ Other Fees: _____ Finance Amount: _____				Purchase Price: _____							
SERIAL # / VIN								Loan Term: _____							
FINANCE COMPANY USE:															
ARE YOU CO-SIGNER ON ANY OTHER LOAN? <input type="checkbox"/> YES <input type="checkbox"/> NO ARE YOU CURRENTLY PARTY TO A LAWSUIT? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES TO EITHER QUESTION, EXPLAIN ON REVERSE.															
HAVE YOU HAD ANY GARNISHMENTS, JUDGEMENTS, REPOSSESSIONS, OR OTHER LEGAL ACTION IN THE PAST 7 YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN ON REVERSE.															
HAVE YOU OR ANY ENTITY CONTROLLED BY YOU BEEN DECLARED BANKRUPT IN THE PAST 7 YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WAS IT CHAPTER <input type="checkbox"/> 7 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13															

EVERYTHING I HAVE STATED ON THIS APPLICATION IS TRUE TO THE BEST OF MY KNOWLEDGE I UNDERSTAND THE FLCC FINANCING WILL RETAIN THIS APPLICATION WHETHER OR NOT IT IS APPROVED. FLCC FINANCING IS AUTHORIZED TO CHECK MY CREDIT AND EMPLOYMENT HISTORY AND TO ANSWER QUESTIONS ABOUT FLCC FINANCING'S CREDIT EXPERIENCE WITH ME.

APPLICANT'S SIGNATURE _____

DATE _____

CO-APPLICANT'S SIGNATURE _____

DATE _____

COMMENTS _____