



Automobile Loan Application

Check Appropriate Box:

- I am applying for individual credit in my own name and am relying on my own income or assets and not the income or assets of another person as the basis for repayment of the credit requested.
- We are applying for joint credit: _____ Applicant _____ Co-Applicant _____ Amt Requested: \$ _____

Automobile Information: <input type="checkbox"/> New <input type="checkbox"/> Used				
Year: _____		Make _____		Model: _____ Mileage: _____
Purchase Price: _____		Dealer Name/Address: _____		
Dealer Contact: _____		Dealer Phone #: _____ (Attach copy of dealer invoice)		
APPLICANT'S LAST NAME FIRST MIDDLE			TELEPHONE ()	DATE OF BIRTH
SOCIAL SECURITY / ITIN NUMBER				
CURRENT ADDRESS	STREET		OWN HOME <input type="checkbox"/>	RENT <input type="checkbox"/>
	CITY	STATE	ZIP	LENGTH OF RESIDENCE YRS MOS
PREVIOUS ADDRESS	STREET		CITY	STATE
			LENGTH OF RESIDENCE YRS MOS	
PRESENT EMPLOYMENT	EMPLOYER		POSITION	
	ADDRESS		TELEPHONE ()	
Alimony, child support or separate maintenance income need not be disclosed if you do not wish to have it considered as a basis for repaying this obligation.		OTHER INCOME		SOURCE
				MONTHLY INCOME
PREVIOUS EMPLOYMENT	EMPLOYER		HOW LONG? YRS MOS	
	ADDRESS			
NEAREST RELATIVE (NOT LIVING WITH YOU)	NAME		RELATIONSHIP	TELEPHONE ()
	ADDRESS		CITY	STATE
COMPLETE INFORMATION ON JOINT ACCOUNT ONLY IF JOINT ACCOUNT IS DESIRED.				
JOINT ACCOUNT (CO-APPLICANT'S SIGNATURE REQUIRED ON APPLICATION)	NAME		DATE OF BIRTH	SOC SEC NO
	ADDRESS		TELEPHONE ()	
	EMPLOYER		RELATIONSHIP TO APPLICANT	
	ADDRESS		POSITION	MONTHLY SALARY \$
Alimony, child support or separate maintenance income need not be disclosed if you do not wish to have it considered as a basis for repaying this obligation.		OTHER INCOME		SOURCE
				MONTHLY INCOME
COMPLETE FOLLOWING INFORMATION FOR ALL APPLICANTS.				
BANK NAME & ADDRESS <input type="checkbox"/> SAVINGS <input type="checkbox"/> CHECKING <input type="checkbox"/> LOAN				
CHECKING ACCOUNT NO.			SAVINGS ACCOUNT NO.	
ALL DEBTS OR OBLIGATIONS (if insufficient space, attach additional sheet)			HAVE EITHER OF YOU EVER FILED FOR BANKRUPTCY? <input type="checkbox"/> Yes <input type="checkbox"/> No	
CREDITOR	ADDRESS	PURPOSE	BAL. OWING	MO. PAYMENT
MORTGAGEE OR LANDLORD	NAME	ADDRESS		
ALIMONY, CHILD SUPPORT	NAME	ADDRESS		
I (We) make application to John Marshall Bank for an automobile loan. Everything that I (we) have stated in this application is correct to the best of my (our) knowledge and I (we) authorize John Marshall Bank to verify credit and employment history by any necessary means, including preparation of a credit report by a credit reporting agency.				
Applicant's Signature _____		Co-Applicant's Signature _____		Date _____