39935 Grand River
Novi, MI 48375
248.442.7600
Fax 248.442.7608

INDIVIDUAL CREDIT APPLICATION

FULLNAME: FIRST	MIDDLE	LAST	SOC. SEC. #	DATE OF BIRTH:	HOME PHONE:

HOME ADDRESS NO. & STREET	CITY	COUNTY	STATE	ZIPCODE	HOW LONG AT THIS ADDRESS:

OWN ❑ NAME & ADDRESS OF MORTGAGE HOLDER OR LANDLORD
RENT ❑

IF OWN: CURRENT MARKET VALUE:	MONTHLY PAYMENT:	MORTGAGE AMT:	IF RENT: MONTHLY RENT:

PREVIOUS HOME ADDRESS IF LESS THAN 2 YEARS AT CURRENT ADDRESS NO. & STREET	CITY	COUNTY	STATE	ZIPCODE	HOW LONG AT THIS ADDRESS:

EMPLOYED BY:	ADDRESS	CITY	STATE	BUSINESS PHONE:

POSITION IN COMPANY:	YRS. ASSOCIATED WITH COMPANY:	MONTHLY INCOME:

PREVIOUS EMPLOYER IF ABOVE IS LESS THAN 2 YEARS:	ADDRESS	CITY	STATE	POSITION HELD:

ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED IF YOU DO NOT WISH TO HAVE IT CONSIDERED AS A BASIS FOR THIS LEASE OBLIGATION.

TYPE OF OTHER INCOME: SOURCE:				MONTHLY AMOUNT:	

PERSONAL CHECKING ACCT: BANK NAME	ADDRESS			ACCOUNT #	

OTHER BANK RELATIONSHIPS: BANK NAME		RELATIONSHIP:	ACTIVE/CLOSED DATES:	

WAS LAST VEHICLE LEASED ❑ FINANCED ❑	COMPANY FROM WHICH LAST CAR WAS LEASED OR FINANCED: NAME	ADDRESS	CITY	STATE	ZIPCODE	MONTHLY CHARGE:	IS ACCOUNT ACTIVE ❑

INSTALLMENT OBLIGATIONS: NAME	ADDRESS	AMOUNT FINANCED	MONTHLY PAYMENT	BALANCE DUE OR DATE PAID
1				
2				

CREDIT CARDS	BALANCE DUE:		BALANCE DUE:
MASTER CARD #		AMEX CARD #	
VISA CARD #		OTHER #	

NAME & ADDRESS OF PERSONAL REFERENCES (PERSONS NOT LIVING WITH YOU)

RELATIVE _____ RELATIONSHIP _____

PERSONAL _____ YEARS KNOWN _____

I certify that the above information is complete and accurate.

Signature _____ Print Name _____ Date _____

Please fax credit appliction to the fax number shown above. All information is confidential.