

# Boat Loan Application

Complete all sections of this application which apply to you.

If this is an application for joint credit with another person,

complete all sections, providing information in the

CO-APPLICANT section about the joint applicant:

We intend to apply for joint credit (please initial)

Applicant \_\_\_\_\_ Co-Applicant \_\_\_\_\_

FIRST CHOICE MARINE&R/V

111 WOODCLEFT AVE

FREEPORT NY 11520

P.516-223-2980/516-209-6662

F.516-223-2982/866-318-1519

BOAT INFORMATION	SELLER'S NAME AND ADDRESS						HOW DID YOU HEAR ABOUT US?				
	<input type="checkbox"/> NEW <input type="checkbox"/> USED <input type="checkbox"/> REFINANCE		YEAR BUILT	MANUFACTURER	MODEL	L/O/A	<input type="checkbox"/> FIBERGLASS <input type="checkbox"/> WOOD <input type="checkbox"/> METAL	<input type="checkbox"/> GAS <input type="checkbox"/> DIESEL	<input type="checkbox"/> SINGLE <input type="checkbox"/> TWIN	HP & MAKE	
	CURRENT RATE _____ %										
	SELLING PRICE (INCL. TAX) \$		DOWN PAYMENT CASH \$		TRADE-IN \$ (NET)		AMOUNT TO FINANCE \$		TERM <input type="checkbox"/> 25 <input type="checkbox"/> 20 <input type="checkbox"/> 15 <input type="checkbox"/> 10		
APPLICANT	DESCRIPTION OF TRADE-IN:		YEAR BUILT	MANUFACTURER	MODEL	L/O/A	<input type="checkbox"/> FIBERGLASS <input type="checkbox"/> WOOD <input type="checkbox"/> METAL	<input type="checkbox"/> GAS <input type="checkbox"/> DIESEL	<input type="checkbox"/> SINGLE <input type="checkbox"/> TWIN	HP & MAKE	
	FIRST NAME INITIAL LAST NAME		SOCIAL SECURITY NUMBER		DATE OF BIRTH		EMAIL		US CITIZEN <input type="checkbox"/> YES <input type="checkbox"/> NO		
	HOME ADDRESS STREET, CITY, STATE, ZIP						YEARS	PHONE		DEPENDENTS	
	MORTGAGE COMPANY (OR LANDLORD)				PHONE		<input type="checkbox"/> OWN <input type="checkbox"/> RENT	MORTGAGE BALANCE \$		MONTHLY PAYMENT \$	
CO-APPLICANT	PREVIOUS ADDRESS (IF AT PRESENT ADDRESS LESS THAN TWO YEARS)						NEAREST RELATIVE (NOT LIVING WITH YOU)		PHONE		
	PRESENT EMPLOYER STREET, CITY, STATE, ZIP						PHONE		LENGTH OF EMPLOYMENT		
	POSITION HELD				SALARY \$ PER		SUPERVISOR				
	PREVIOUS EMPLOYER (IF LESS THAN 3 YEARS AT CURRENT JOB)						PHONE		LENGTH OF EMPLOYMENT		
FINANCIAL	OTHER SOURCES OF INCOME (DESCRIBE)						AMOUNT (OTHER INCOME) \$ MONTH YEAR				
	PERSONAL CHECKING ACCOUNT (BANK OR SAVINGS AND LOAN)						BRANCH ADDRESS		ACCOUNT NO.		
	PERSONAL SAVINGS ACCOUNT (BANK OR SAVINGS AND LOAN)						BRANCH ADDRESS		ACCOUNT NO.		
	CURRENT BOAT FINANCED BY						HAVE YOU EVER BEEN BANKRUPT: <input type="checkbox"/> YES <input type="checkbox"/> NO YEAR		DO YOU PAY ALIMONY/CHILD SUPPORT <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE STATE ANNUAL AMOUNT \$		
NOTICE	FIRST NAME INITIAL LAST NAME		SOCIAL SECURITY NUMBER		DATE OF BIRTH		EMAIL		US CITIZEN <input type="checkbox"/> YES <input type="checkbox"/> NO		
	HOME ADDRESS STREET, CITY, STATE, ZIP						YEARS	PHONE		DEPENDENTS	
	MORTGAGE COMPANY (OR LANDLORD)				PHONE		<input type="checkbox"/> OWN <input type="checkbox"/> RENT	MORTGAGE BALANCE \$		MONTHLY PAYMENT \$	
	PREVIOUS ADDRESS (IF AT PRESENT ADDRESS LESS THAN TWO YEARS)						NEAREST RELATIVE (NOT LIVING WITH YOU)		PHONE		
NOTICE	PRESENT EMPLOYER STREET, CITY, STATE, ZIP						PHONE		LENGTH OF EMPLOYMENT		
	POSITION HELD				SALARY \$ PER		SUPERVISOR				
	PREVIOUS EMPLOYER (IF LESS THAN 3 YEARS AT CURRENT JOB)						PHONE		LENGTH OF EMPLOYMENT		
	OTHER SOURCES OF INCOME (DESCRIBE)						AMOUNT (OTHER INCOME) \$ MONTH YEAR				
The information contained in this statement is provided for the purpose of obtaining, or maintaining, credit with Scott Financial Services on behalf of the undersigned, or persons, firms, or corporations, in whose behalf the undersigned may either severally or jointly with others, execute a guaranty in your favor. Each undersigned understands that you are relying on the information provided herein (including the designation made as to ownership of property) in deciding to grant or continue credit. Each undersigned represents and warrants that the information provided is true and complete and that you may consider this statement as continuing to be true and correct until a written notice of a change is given to you by the undersigned. You are authorized to make all inquiries you deem necessary to verify the accuracy of the statements made herein and to determine my/our creditworthiness. You are authorized to answer questions about your credit experience with me/us.											

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_ SIGNATURE OF CO-APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_