

FUENTES MOTORS, INC.

10095 N. 2ND STREET, LAUREL, MD 20723

OFFICE: 301.725.7888 – FAX: 301.725.2878

APLICACION DE CREDITO

1ER DUEÑO

NOMBRE: _____
CUMPLEAÑOS: _____ ITIN / SSN: _____ - _____ - _____
DIRECCION: _____ CIUDAD: _____ ESTADO: _____ ZIP CODE: _____
PHONE: _____ CELL: _____ POR CUANTO TIEMPO HA VIVIDO AQUI? (AÑOS) _____
E-MAIL: _____ LICENCIA #: _____

2ND DUEÑO

NOMBRE: _____
CUMPLEAÑOS: _____ ITIN / SSN: _____ - _____ - _____
DIRECCION: _____ CIUDAD: _____ ESTADO: _____ ZIP CODE: _____
PHONE: _____ CELL: _____ POR CUANTO TIEMPO HA VIVIDO AQUI? (AÑOS) _____
E-MAIL: _____ LICENCIA #: _____

EMPLEADOR

EMPLEADOR: _____
DIRECCION: _____ CIUDAD: _____ ESTADO: _____ ZIP CODE: _____
MANAGER: _____ PHONE #: _____
INGRESO (POR HORA/SALARIO): _____ SEMANAL _____ SEMI-MENSUAL _____ MENSUAL _____
CUANTO TIEMPO HA TRABAJADO AQUI?: _____ POSICION: _____

CONTACTOS DE EMERGENCIA

NOMBRE: _____	NOMBRE: _____
DIRECCION: _____	DIRECCION: _____
PHONE #: _____	PHONE #: _____
RELACION: _____	RELACION: _____

USTED OR EL 2ND DUEÑO SE HAN DECLARADO EN BANCA ROTA EN LOS ULTIMOS 7 AÑOS? _____

ALL APPLICANTS: IMPORTANT APPLICANT INFORMATION

You authorize us to obtain consumer credit reports from time to time as we want, for any legitimate purpose, in connection with the transaction that is proposed by this application or any future update, renewal, or extension of that transaction. Upon request, you will be informed whether or not a consumer report was ordered. If a report was requested, you will be informed of the name and address of the consumer credit reporting agency that furnished the report. We may keep this application whether or not it is approved. By signing below, you agree that the creditor may contact any party mentioned in this application to verify the information contained herein or otherwise underwrite credit. You authorize us to check your credit and employment history and to answer questions others may ask us about your credit record with us.

You may agree that we and any financial company that reviews this credit application may monitor and record your telephone communication to assure the quality of service. You authorize and give consent to receive calls and text messages from us or our third party debt collector at any number you have given us, including calls and messages made using an automatic telephone dialing system or prerecorded message.

By signing below you acknowledge you have read the application notice on this page and agree to these terms. Everything that I have stated in this application is correct to the best of my knowledge. I understand that you will retain this application whether or not it is approved. You are authorized to check my credit and employment history and to answer questions about your credit experience with me.

APPLICANT: _____ DATE: _____ CO-SIGNER: _____ DATE: _____