

Merchant Name: EAST COAST SCOOTER Address: 104 E. CHERRY ST. DOUGLAS, GA 31533

Date of Application: ____/____/____ Phone: (912) 383-8812 Fax: (912) 384-5457

Merchandise Financed: _____

Amount Requested **-You will Receive a Invoice** Down Payment (if any) \$ _____

Choose your Finance Option: () Regular () 90 Same as Cash () 180 Days Same As Cash () 12 Months Same As Cash



APPLICATION

APPLICANT – Please read the following before completing this form: (1) Applicant represents that the information given in this application is complete and accurate and authorizes us to check with credit reporting agencies, credit references and other sources disclosed herein in investigating the information given. (2) Married applicants may apply for an individual account. I am applying for () JOINT CREDIT () INDIVIDUAL CREDIT

APPLICANT INFORMATION	Name: (First, Middle, Last, Suffix)		Social Security Number		Date of Birth		Drivers License Number & State		Expiration date		Motorcycle Endorsement () YES () NO		
	Home Phone			Cell Phone			E-mail Address						
	Present Street Address					City, State, Zip				County		How Long ?	
	Previous Address (if current address is less than 3 years)					City, State, Zip				County		How Long ?	
	Purchasing Home () Buying Home () Buying Mobile Home with no land () Buying Mobile Home/Own Land () Buying Mobile Home/rent lot					Homeowner () Own Home () Own Mobile Home () Own Mobile Home/Rent Land				Non-Homeowner () Rent Home () Lease with Option to Buy () Rent Mobile Home/Land () Live with Relatives () Rent Apartment () Other			
	Payments per Month \$					Payments per Month \$				Payments per Month \$			
	Landlord/Mortgage Company				Landlord/Mortgage Phone #		Purchase Price		Balance Owing		Current Value		
	Current Employer Name (Must total 3 years of Work History)						Address, City, State, Zip						
	Phone Number & Contact Name			Position			Date of Employment		Gross Monthly Income		Net Monthly Income		Pay Days
	Previous Employer Name (If less than 3 years)						Address, City, State, Zip						
	Phone Number			Position			Date of Employment		Gross Monthly Income		Net Monthly Income		Pay Days
	Previous Employer Name (If less than 3 years)						Address, City, State, Zip						
	Phone Number			Position			Date of Employment		Gross Monthly Income		Net Monthly Income		Pay Days
	Nearest Relative/Reference			Relationship			Address (Street, City, State, Zip)				Phone		
Nearest Relative/Reference			Relationship			Address (Street, City, State, Zip)				Phone			
Insurance Company			Agents name			Agents Phone			Policy Number				

Credit Info.	Bank Reference () Checking () Savings		Credit References											
	Do you have an open First Franklin account? () YES () NO		Do you owe other Finance Companies? () YES () NO		Marital Status – need not be disclosed () Married () Unmarried () Separated			Have you ever filed bankruptcy? () YES () NO			Do you have any repossessions or Foreclosures? () YES () NO			
	Date of Loan: _____		() YES () NO		Number of dependents: _____			Discharged? () YES () NO			Date: _____			

CO-APPLICANT INFORMATION	Name (First, Middle, Last, Suffix)		Social Security Number		Date of Birth		Drivers License Number, State				
	Home Phone		Cell Phone		Street Address, City, State & Zip						
	Employer Name & Address, City, State & Zip										
	Employer Phone Number			Position		Date of Employment		Gross Monthly Income		Net Monthly Income	

SIGN	Applicant's Signature <u>X</u> _____ Date ____/____/____ Co-Applicant's Signature _____ Date ____/____/____										

If a third party (ex. Employer or creditor) requires proof of authorization please cut at line and fax lower part to the third party.

The information I have stated in my credit application is complete and correct, and no material debts have been omitted. I hereby authorize you to obtain, verify or confirm any information about me, or my credit and employment history, from credit reporting agencies, directly from my creditors, my landlord or other businesses or individuals, as well as my current or former employers. I consent to such persons or entities providing such information to you.

X
X

Applicant's Name PRINTED _____ Applicant's Signature _____

Co-Applicant's Name PRINTED _____ Co-Applicant's Signature _____