

CARFCO – Car Repair Financing Co.
CREDIT APPLICATION FOR VEHICLE REPAIR LOAN

PLEASE COMPLETE THE APPLICATION IN FULL AND RETURN BY FAX ALONG WITH YOUR VEHICLE REGISTRATION TO 1-866-787- 1683

SECTION 1 - PERSONAL INFORMATION				<input type="checkbox"/> MR. <input type="checkbox"/> MRS. <input type="checkbox"/> MISS <input type="checkbox"/> MS.				AFFILIATE I.D. #						
LAST NAME/SURNAME		FIRST NAME		MIDDLE NAME		BIRTH DATE	Y	Y	Y	Y	M	M	D	D
HOME ADDRESS:				CITY/TOWN		PROVINCE		POSTAL CODE						
SIN/ SSN		DRIVER'S LICENSE NUMBER		HOME TELEPHONE NUMBER ()		CELULAR NUMBER ()								
DO YOU OWN OR RENT YOUR HOME?		LENGTH AT RESIDENCE				MTG/RENT PAYMENT								
<input type="checkbox"/> OWN <input type="checkbox"/> RENT		_____ YEARS _____ MONTHS		\$										
SPOUCE/PARTNER LAST NAME		FIRST NAME		MIDDLE NAME		BIRTH DATE	Y	Y	Y	Y	M	M	D	D
PREVIOUS ADDRESS IF LESS THAN 2 YEARS AT CURRENT ADDRESS (INCLUDE CITY)														

PERSONAL REFERENCES: 3 REFERENCES MUST BE PROVIDED								
NEAREST RELATIVE LAST NAME		FIRST NAME		TELEPHONE NUMBER ()	RELATION	CITY/TOWN	STATE/PROVINCE	
PERSONAL REFERENCE LAST NAME		FIRST NAME		TELEPHONE NUMBER ()	RELATION	CITY/TOWN	STATE/PROVINCE	
PERSONAL REFERENCE LAST NAME		FIRST NAME		TELEPHONE NUMBER ()	RELATION	CITY/TOWN	STATE/PROVINCE	

SECTION 2 –EMPLOYMENT AND CREDIT INFORMATION									
CURRENT EMPLOYER		ADDRESS		CITY/TOWN		WORK TELEPHONE ()			
JOB TITLE		MONTHLY INCOME (GROSS) \$	HOW LONG WITH COMPANY			SUPERVISOR/MANAGER NAME			
IF EMPLOYED LESS THAN 2 YEARS, PROVIDE PREVIOUS EMPLOYMENT INFORMATION (AS ABOVE)					OTHER MONTHLY INCOME (SOURCE AND AMOUNT)				
SPOUCE/PARTNER EMPLOYER		MONTHLY INCOME (GROSS) \$	OCCUPATION		HOW LONG WITH COMPANY		WORK TELEPHONE ()		
IF EMPLOYED LESS THAN 2 YEARS, PROVIDE PREVIOUS EMPLOYMENT INFORMATION (AS ABOVE)					OTHER MONTHLY INCOME (SOURCE AND AMOUNT)				

SECTION 3 – VEHICLE & REPAIR INFORMATION									
YEAR	MAKE/MANUFACTURER		MODEL		DRIVE TRAIN <input type="checkbox"/> FWD <input type="checkbox"/> 4WD <input type="checkbox"/> RWD <input type="checkbox"/> AWD		MILEAGE/KILOMETERS		
INSURANCE COMPANY			POLICY NUMBER		INSURANCE COMPANY PHONE NUMBER				
INSURANCE DEDUCTABLE AMOUNT			VEHICLE CONDITION						
TRANSMISSION <input type="checkbox"/> AUTOMATIC <input type="checkbox"/> STANDARD		SERIES (GS, GT, LX, SE, ETC.)	REPAIRS REQUIRED			REPAIR ESTIMATE AMOUNT			

IMPORTANT: WE MUST RECIEVE A COPY OF THE VEHICLE OWNERSHIP OR REGISTRATION IN ORDER TO PROCESS YOUR LOAN. PLEASE FAX IT ALONG WITH THIS APPLICATION.

By submitting this application, I am certifying that the information provided in this credit application is accurate and true. I agree that I am fully responsible for all payment amounts due in repayment of my loan. I authorize BHM Financial Group to contact credit reporting agencies, financial institutions, past and present employers, and any other related source for the purpose of obtaining income and credit related information. I authorize the full disclosure of income and credit related information by these sources as is required for approval of financing, and I authorize these sources to accept this document as my written authorization to release any financial and/or credit related information to BHM Financial Group. All information provided and obtained is kept in the strictest confidence as and will never be released to any third parties unless it is in an effort to provide you with alternate financing. I acknowledge that I may be required to provide additional document copies such as driver's licence for proof of identity, pay stubs for verification of income, proof of vehicle insurance and a recent telephone bill for confirmation of address.

SIGNATURE _____					DATE _____				
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**APPLICATION MUST BE COMPLETED IN FULL IN ORDER TO BEGIN CREDIT APPROVAL PROCESS.
 UPON COMPLETION, PLEASE FAX IT TO: 1-866-787- 1683**