



# FLORIDA AUTO EXCHANGE CO., INC

2201 MAIN STREET  
DUNEDIN, FL 34698

727-734-8077  
FAX 727-796-1834

PO BOX 861  
DUNEDIN, FL 34697

## CUSTOMER'S STATEMENT - PLEASE PRINT

(COMPLETE SEPARATE STATEMENT FOR EACH SIGNER OF THE CONTRACT)

### CHECK APPROPRIATE BOX

- INDIVIDUAL CREDIT - APPLYING FOR CREDIT IN YOUR OWN NAME AND RELYING ON YOUR OWN INCOME OR ASSETS AND NOT THE INCOME OR ASSETS OF ANOTHER PERSON AS THE BASIS FOR PREPAYMENT OF THE CREDIT REQUESTED.
- JOINT CREDIT - APPLY FOR CREDIT WITH ANOTHER PERSON. RELATIONSHIP TO CO APPLICANT, IF ANY: \_\_\_\_\_
- INDIVIDUAL CREDIT - APPLYING FOR CREDIT IN YOUR OWN NAME, BUT RELYING ON INCOME FROM ALIMONY, CHILD SUPPORT OR OTHER INCOME

NAME FIRST			MIDDLE			LAST			SOCIAL SECURITY #			BIRTH DATE			DEPENDENTS						
<b>WHOSE NAME IS IT IN?</b>																					
HOME PHONE						CELL PHONE						EMAIL									
WHO REFERRED YOU TO US?						DRIVER'S LICENSE #						ARE YOU LICENSED IN ANOTHER STATE?									
CURRENT STREET ADDRESS						APT #		CITY						STATE		ZIP		HOW LONG? YRS. MOS.			
<input type="checkbox"/> RENT <input type="checkbox"/> LEASE <input type="checkbox"/> OWN		NAME OF PROPERTY MANAGER OR MORTGAGOR						NAMES OF EVERYONE ON LEASE?													
ARE YOU OR DO YOU HAVE A ROOMMATE?						LANDLORD'S STREET ADDRESS						APT #		CITY				STATE		ZIP	
PHONE#						MONTH PAYMENT OR RENT \$			MORTGAGE AMOUNT \$												
HAVE YOU EVER BEEN LATE ON RENT OR MORTGAGE?						HAVE YOU EVER BEEN EVICTED OR FORECLOSED ON?															
<b>LAST 2 ADDRESSES</b>																					
STREET ADDRESS						APT #		CITY						STATE		ZIP		HOW LONG? YRS. MOS.			
STREET ADDRESS						APT #		CITY						STATE		ZIP		HOW LONG? YRS. MOS.			
<b>EMPLOYMENT HISTORY</b>																					
EMPLOYED BY <input type="checkbox"/> SELF <input type="checkbox"/> OTHERS		CURRENT EMPLOYER						AM SHIFTS						PM SHIFTS							
STREET ADDRESS						CITY		ST		ZIP											
PHONE#						SUPERVISOR(S)						HOW LONG? YRS. MOS.		TRADE OR OCCUPATION							
EMPLOYEE#			SALARY OR WAGES			HOW ARE YOU PAID? CASH, 1099, OR UNDER THE TABLE?															
NAME OF PREVIOUS EMPLOYER						STREET ADDRESS						CITY				ST		ZIP			
PHONE#						SUPERVISOR(S)						HOW LONG? YRS. MOS.		TRADE OR OCCUPATION							
EMPLOYEE#			SALARY OR WAGES																		
NAME OF PREVIOUS EMPLOYER						STREET ADDRESS						CITY				ST		ZIP			
PHONE#						SUPERVISOR(S)						HOW LONG? YRS. MOS.		TRADE OR OCCUPATION							
EMPLOYEE#			SALARY OR WAGES																		
NAME OF PREVIOUS EMPLOYER						STREET ADDRESS						CITY				ST		ZIP			
PHONE#						SUPERVISOR(S)						HOW LONG? YRS. MOS.		TRADE OR OCCUPATION							
EMPLOYEE#			SALARY OR WAGES																		
<b>OTHER INCOME</b>																					
TYPE OF OTHER INCOME						SOURCE						MONTHLY AMOUNT \$									
DO YOU PAY CHILD SUPPORT?						DO YOU RECEIVE CHILD SUPPORT?						HAVE YOU EVER BEEN CONVICTED OF A CRIME?									
IF SO, TO WHOM?						IF SO, FROM WHOM?						ARE YOU ON PROBATION?									
IS THE CHILD SUPPORT COURT ORDERED?						IS THE CHILD SUPPORT COURT ORDERED?						IF SO, WHAT IS YOUR PROBATION OFFICER'S NAME?									
												PHONE NUMBER?									
<b>LOAN HISTORY</b>																					
LAST CAR FINANCE			DUE TO WHOM?			STREET ADDRESS						CITY		ST		ZIP					
MONTHLY PAYMENT			BALANCE OR DATE PAID			ACCOUNT #															
BUY HERE, PAY HERE LOANS BEFORE?						IF SO, WITH WHOM?						PAID OUT OR RETURNED?									
WHERE DID YOU BUY YOUR LAST VEHICLE?						DID YOU PAY IT OUT OR RETURN IT?															

**VEHICLE USAGE**

HOW WILL THE VEHICLE BE USED?	WHERE WILL THE VEHICLE BE LOCATED WHEN YOU ARE NOT DRIVING IT?	WHO ELSE WILL BE DRIVING THE VEHICLE?
DO YOU LEND YOUR VEHICLE TO OTHER DRIVERS?	HOW MANY TICKETS HAVE YOU HAD IN THE PAST 3 YEARS?	HOW MANY ACCIDENTS IN THE PAST 3 YEARS?
AND IF SO, WHOM?	TYPE OF VIOLATIONS?	WHO WAS AT FAULT?

**BANK REFERENCE**

BANK NAME	<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/> NO ACCOUNTS	BRANCH AND CITY	ACCOUNT NUMBER
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**RENT TO OWN INFORMATION**

DO YOU HAVE A RENT TO OWN AGREEMENT NOW OR IN THE PAST?	IF SO, WITH WHOM?	PAID OUT OR RETURNED?
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**CREDIT REFERENCES OR INSTALLMENT OBLIGATIONS INCLUDING FINANCE COMPANIES, BANK, CREDIT CARDS, CHARGE ACCOUNTS**

NAME OF CREDITOR	ADDRESS, BRANCH, CREDIT CARD/ACCOUNT #	BALANCE DUE OR DATE PAID	MONTHLY PAYMENT
1.			
2.			

TOTAL CURRENT MONTHLY OBLIGATIONS INCLUDING ANY ABOVE \$ \_\_\_\_\_ TOTAL # \_\_\_\_\_ TOTAL BALANCE DUE \$ \_\_\_\_\_

**PERSONAL REFERENCES**

NAME	ADDRESS	CITY	STATE	ZIP	PHONE#	OFFICE USE ONLY
FATHER						
STEPFATHER						
MOTHER						
STEPMOTHER						
GRANDMOTHER						
GRANDMOTHER						
GRANDFATHER						
GRANDFATHER						
SISTER						
SISTER						
SISTER						
SISTER						
BROTHER						
BROTHER						
BROTHER						
BROTHER						
AUNT						
AUNT						
UNCLE						
UNCLE						
FRIEND						
FRIEND						
FRIEND						
CO-WORKER						
CO-WORKER						

I CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND ACCURATE. YOU ARE AUTHORIZED TO INVESTIGATE MY CREDIT AND EMPLOYMENT. HISTORY AND REFERENCES. YOU ARE ALSO AUTHORIZED TO RELEASE INFORMATION ABOUT YOUR CREDIT EXPERIENCE WITH ME. I HAVE RECEIVED A COPY OF THIS COMPANY'S PRIVACY POLICY AND MY PRIVACY CHOICES.

CUSTOMER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
 PRINTED NAME \_\_\_\_\_  
 INDIVIDUAL  
 PARTNERSHIP  
 CORPORATION

PAYMENT DATE REQUESTED | \_\_\_\_\_ |