Application# _____

Licari Motor Car Inc.

202 State Route 28 - Herkimer, New York 13350 - Toll Free 1-866-875-5613

IMPORTANT Please Print **Must be Completely Filled In** **CONSUMER LOAN**

DATE	AMOUNT REQUESTED	TERM	DEALER
			Licari Motor Car Inc.

Applicant

Name Last First Middle Social Security Number Date of Birth

Address No. & Street City State Zip Code Years ☐ Rent ☐ Own Rent/Mortgage $

Former Address No. & Street City State Zip Code Years Res. Phone

Name of Nearest Relative Not Living With You Address No. & Street City Relationship Phone Number

YOUR JOB Present Employer Position No. Years There Gross Income $ ☐ Weekly ☐ Bi-Weekly ☐ Monthly ☐ Annually

Address No. & Street City State Zip Code Business Phone

Former Employer (if less than two years) Position(Number of Years) Address

Additional Income (Alimony, child support or maintenance payments need not be revealed unless you want us to consider it in our credit decision.) Amount $ Source

Have you ever received credit under any other name?

☐ Yes _____ (If yes, give name) ☐ No

Have you been declared bankrupt in the past 7 years? ☐ Yes ☐ No

Are you a Co-Maker or Guarantor on any other loan? ☐ Yes ☐ No

If yes, for whom _____ To whom _____

Co-Applicant

Name Last First Middle Social Security Number Date of Birth

Address No. & Street City State Zip Code Years ☐ Rent ☐ Own Rent/Mortgage $

Former Address No. & Street City State Zip Code Years Res. Phone

Name of Nearest Relative Not Living With You Address No. & Street City Relationship Phone Number

YOUR JOB Present Employer Position No. Years There Gross Income $ ☐ Weekly ☐ Bi-Weekly ☐ Monthly ☐ Annually

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Additional Income (Alimony, child support or maintenance payments need not be revealed unless you want us to consider it in our credit decision.) Amount $ Source

Have you ever received credit under any other name?

☐ Yes _____ (If yes, give name) ☐ No

Have you been declared bankrupt in the past 7 years? ☐ Yes ☐ No

Are you a Co-Maker or Guarantor on any other loan? ☐ Yes ☐ No

I/WE AGREE that all the information given in this application is true, correct and complete. I/WE authorize the bank to exchange credit information covering this application and any credit granted. As part of the credit investigation process, the bank may request a consumer report in connection with this application for credit or any credit update. Upon request, the bank will tell me whether or not a consumer report was obtained, and if such a report was obtained, the bank will furnish me with the name and address of the consumer reporting agency. I/WE agree that the bank may retain this application whether or not credit is approved.

APPLICANT'S SIGNATURE **DATE** **CO-APPLICANT/USER SIGNATURE** **DATE**

Office Use

VEHICLE DESCRIPTION

☐ NEW ☐ USED ☐ NO.CYL

Year _____

Make _____

Model _____

Body type _____

Trade In

YEAR _____ MAKE _____ MODEL _____

Automatic Trans.	☐
5-Speed Trans.	☐
6-Speed Trans.	☐
Tilt Steering	☐
Power Steering	☐
AM/FM Radio	☐
AM/FM CD	☐
CD Changer	☐
Power Windows	☐
Power Seats	☐
Cruise Control	☐
Air Conditioning	☐
Leather Interior	☐
Sunroof/Moonroof	☐
Alloy Wheels	☐
Mileage	☐

NOTES/COMMENTS