



SERVICE FINANCE COMPANY, LLC

To Process an Application Call: **866-393-0033**

Dealer #: 500126003

SALES PERSON NAME _____

AMOUNT REQUESTED: \$ _____

TYPE OF IMPROVEMENT: _____

PROPERTY TYPE: _____

PRIMARY BORROWER:

First Name: _____ Middle Initial: _____ Last Name: _____

Home Phone:(____)_____ Cell Phone: (____)_____ SSN# _____ - _____ - _____

Email Address: _____@_____ Date Of Birth: ____/____/____

Gross Monthly Income: \$_____ Other Income: \$_____ Source: _____

Employers Name: _____ Length of Employment: # Years _____ # Mths _____

(YOU DO NOT HAVE TO USE INCOME FROM ALIMONY, CHILD SUPPORT OR MAINTENANCE UNLESS YOU WANT IT CONSIDERED FOR THIS LOAN)

Current Address: _____ Mortgage Payment: _____

City: _____ State: _____ Zip Code: _____ Time at Address: ____ Yrs ____ Mths

Drivers License Number/State ID/Passport #: _____ Issue Date: _____ Expiration Date: _____

For WI residents if you are applying for individual credit or joint credit with someone who is not your spouse, combine you and your spouse's financial information on this form.

CO- BORROWER:

First Name: _____ Middle Initial: _____ Last Name: _____

Home Phone:(____)_____ Cell Phone: (____)_____ SSN# _____ - _____ - _____

Email Address: _____@_____ Date Of Birth: ____/____/____

Gross Monthly Income: \$_____ Other Income: \$_____ Source: _____

Employers Name: _____ Length of Employment: # Years _____ # Mths _____

(YOU DO NOT HAVE TO USE INCOME FROM ALIMONY, CHILD SUPPORT OR MAINTENANCE UNLESS YOU WANT IT CONSIDERED FOR THIS LOAN)

Same Address as Primary Applicant: ____ Yes/ ____ No (If no please fill out current address)

Current Address: _____ Unit/Lot #: _____

City: _____ State: _____ Zip Code: _____ Time at Address: ____ Yrs ____ Mths

Drivers License Number/State ID/Passport#: _____ Issue Date: _____ Expiration Date: _____

By signing this application, I authorize Service Finance Company, LLC ("SFC") to process my credit application using all of the information I have provided. I hereby consent to you sharing this information (and whether this application is approved or declined) with interested third parties, including dealers that accept this application. I affirm that the information I have submitted is complete and truthful. I authorize you to make inquires you consider necessary (including requesting reports from consumer reporting agencies and other sources) in evaluating my application and, subsequently, for purposes of reviewing, maintaining or collecting on my account. Upon my request you will advise me of the name and address of each consumer reporting agency from which you obtained a report.

APPLICANT SIGNATURE: _____

DATE: _____

CO-APPLICANT SIGNATURE: _____

DATE: _____

X

X

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Information Subject to change- 8/20/12