

CREDIT APPLICATION

O'NEILL'S MARINA

Full Service Marina Since 1954

PHONE: 727-545-2585
FAX: 727-545-2577

APPLICANT

APPLICANT'S NAME (First, Middle Initial, Last)	SOCIAL SECURITY NO.	DRIVER'S LICENSE NO.	DATE OF BIRTH	HOME TELEPHONE NO.
CURRENT ADDRESS (Street, City, State & Zip Code) - Street address MUST be shown		NO. OF YEARS	Own <input type="checkbox"/> Rent <input type="checkbox"/> C/O Parents or Relatives <input type="checkbox"/> Other <input type="checkbox"/>	MONTHLY PMTS. \$
PREVIOUS ADDRESS (Street, City, State & Zip Code)		NO. OF YEARS	DEPENDENTS (No.)	(Ages)

CELL PHONE NO.

APPLICANT'S EMPLOYMENT

EMPLOYER'S NAME & ADDRESS				
OCCUPATION	GROSS MONTHLY INCOME*	NO. OF YEARS	BUSINESS TELEPHONE NUMBER	SELF EMPLOYED? YES <input type="checkbox"/> NO <input type="checkbox"/>
NAME & ADDRESS OF PREVIOUS EMPLOYER				NO. OF YEARS
NEAREST RELATIVE NOT LIVING WITH YOU ▶	(Name)	(Address)	(Telephone No.)	(Relationship)
OTHER INCOME: SOURCE				MONTHLY AMOUNT \$

CO-APPLICANT

CO-APPLICANT'S NAME (First, Middle Initial, Last)	SOCIAL SECURITY NO.	DRIVER'S LICENSE NO.	DATE OF BIRTH	HOME TELEPHONE NO.
CURRENT ADDRESS (Street, City, State & Zip Code) - Street address MUST be shown				RELATIONSHIP
EMPLOYER'S NAME & ADDRESS				
OCCUPATION	GROSS MONTHLY INCOME*	NO. OF YEARS	BUSINESS TELEPHONE NUMBER	SELF EMPLOYED? YES <input type="checkbox"/> NO <input type="checkbox"/>
OTHER INCOME: SOURCE				MONTHLY AMOUNT \$

*You do not have to reveal alimony, child support or separate maintenance income unless you wish to have them considered for approving your application.

LIABILITIES - of Applicant and Co-applicant (listed on a combined basis)

BALANCED OWED	MONTHLY PAYMT.	NAME & ADDRESS OF CREDITOR	ACCOUNT NUMBER
\$	\$	Mortgage or Rent Residence:	
\$	\$	Other Mortgage or Loans on Real Estate: <small>(Property Description: Please give details on separate sheet)</small>	
\$	\$	Personal Loan:	
\$	\$	Auto Loan or Leasing Company:	
\$	\$	Auto Loan or Leasing Company:	
\$	\$	Other Liabilities: <small>(Credit Cards, Dept. Stores, etc.)</small>	

Bank

Checking (Bank Name & Address)

Savings

(Bank Name & Address)

FOR BANK USE ONLY	DESCRIPTION OF GOODS BEING PURCHASED			Selling Price	\$ _____
	NEW OR USED	YEAR	MANUFACTURER	Trade-In	\$ _____
				Trade-In Debt	\$ _____
				Trade-In Eq'ty	\$ _____
				Cash Down	\$ _____
	TRADE-IN INFORMATION			Total Down Payment	\$ _____
	YEAR	MANUFACTURER	E.D.C.	Amount Financed	\$ _____

I hereby affirm that the foregoing information is true and correct and made for the purpose of obtaining credit. I authorize you to obtain additional information from any source(s) and each source is hereby authorized to provide you with such information. This application, in any event, shall be and remain the property of the Lender, and is subject to the completion and acceptance of additional credit application documents prior to any approved extension of credit.

APPLICANT _____ DATE _____

CO-APPLICANT _____ DATE _____

DEALERSHIP NAME	DEALER NUMBER	CONTACT PERSON	PHONE NUMBER ()
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