



Chesapeake Financial Services Application For Consumer Financing

PURCHASED FROM	CONTACT	PHONE	FAX				
Applicant SS #	Co <input type="checkbox"/> Joint <input type="checkbox"/> Applicant SS#						
Address	Address		Relationship				
City State Zip	City State Zip						
Phone # Years There Birth Date	Phone # Years There Birth Date						
Previous Address	Previous Address						
City State Zip	City State Zip						
Present Employer Years There	Present Employer Years There						
Address Phone #	Address Phone #						
City State Zip	City State Zip						
Gross Monthly Salary Position Held	Gross Monthly Salary Position Held						
Previous Employer Years There	Previous Employer Years There						
Address Phone #	Address Phone #						
City State Zip	City State Zip						
Additional Income Source Monthly Amount	Additional Income Source Monthly Amount						
Home <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Live With Relatives <input type="checkbox"/> Paid For <input type="checkbox"/>	Home <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Live With Relatives <input type="checkbox"/> Paid For <input type="checkbox"/>						
Mtg. Co. / Landlord Monthly Payment	Mtg. Co. / Landlord Monthly Payment						
Purchase Price Current Balance Market Value	Purchase Price Current Balance Market Value						
Have you ever claimed bankruptcy or had Federal Liens against you? Applicant Yes <input type="checkbox"/> No <input type="checkbox"/> C-Applicant Yes <input type="checkbox"/> No <input type="checkbox"/>							
Are you a U.S. Citizen Applicant Yes <input type="checkbox"/> No <input type="checkbox"/> Co- Applicant Yes <input type="checkbox"/> No <input type="checkbox"/>							
By signing this application, you promise that all the information is true and complete. You intend that the seller, lender and or assignee may rely upon these promises in deciding to extend credit to you. You also authorize a full investigation of your credit record and your employment history. You also authorize the seller, lender and or assignee to release information about your credit. It is understood that the co applicant is aware that he/she is applying for credit and that they will be jointly and or solely liable for the debt.							
Signature _____		Sale Price \$ _____ Taxes \$ _____ Reg \$ _____ Total Sale \$ _____ Cash \$ _____ Trade \$ _____ Pay off \$ _____ Pay Off Lender _____ Loan Amount \$ _____					
Signature _____							
New <input type="checkbox"/> Used <input type="checkbox"/> Boat <input type="checkbox"/> Motor Home <input type="checkbox"/> Trailer <input type="checkbox"/> Camper Year _____ Make _____ Model # _____ Length _____							
<table border="0" style="width:100%;"> <tr> <td style="width:50%; vertical-align: top;"> Boat Motor Info I/O <input type="checkbox"/> Outboard <input type="checkbox"/> Inboard <input type="checkbox"/> Gas <input type="checkbox"/> Diesel <input type="checkbox"/> Twin <input type="checkbox"/> Single <input type="checkbox"/> Horse Power _____ Engine Make _____ Model _____ Year _____ </td> <td style="width:50%; vertical-align: top;"> RV Motor Info Gas <input type="checkbox"/> Diesel <input type="checkbox"/> Make _____ Horse Power _____ </td> </tr> <tr> <td colspan="2" style="text-align: center;"> Term Requested Years _____ </td> </tr> </table>		Boat Motor Info I/O <input type="checkbox"/> Outboard <input type="checkbox"/> Inboard <input type="checkbox"/> Gas <input type="checkbox"/> Diesel <input type="checkbox"/> Twin <input type="checkbox"/> Single <input type="checkbox"/> Horse Power _____ Engine Make _____ Model _____ Year _____	RV Motor Info Gas <input type="checkbox"/> Diesel <input type="checkbox"/> Make _____ Horse Power _____	Term Requested Years _____			
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Term Requested Years _____							
Boat Trailer Yes <input type="checkbox"/> No <input type="checkbox"/>							