



IDEAL FINANCIAL SERVICES, INC.

"The Leader of Indirect Lending"

p: 413.781.3300

toll free: 800.336.4244

f: 877.238.6160

Dealer: _____ **Phone:** _____

Contact Name: _____ **Fax:** _____

___ If you are applying for an individual account in your name and relying on your own income or assets, and not the income or assets of another person, as the basis for repayment of the credit requested, complete the APPLICANT section ONLY.

___ If you are applying for a JOINT account that you and another person will use, complete ALL sections, providing information in the Co-APPLICANT section about the joint applicant or user. We request joint credit: APPLICANT (initial) _____ Co-APPLICANT (initial) _____

___ If you are applying for an individual account but are relying on income or assets of another person as the basis for repayment of the credit requested, provide information in the Co-APPLICANT section about the person whose income or assets you are relying.

COLLATERAL INFORMATION

VIN

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NEW USED YEAR _____ MAKE _____ MODEL _____ MILEAGE _____
OPTIONS: A/C AUTO MANUAL P WINDOW P DOORS CD ANTITHEFT
 P LOCKS P SEATS ALLOYS CRUISE TILT P SUNROOF LEATHER

OTHER _____

TRADE IN: YEAR _____ MAKE _____ MODEL _____ TOTAL CASH PRICE _____
 NET TRADE \$ _____ CASH DOWN \$ _____ FINANCE AMOUNT \$ _____ TERM _____

PLEASE COMPLETE ALL BOXES: *Submit two (2) most recent paystubs for each applicant showing YTD income. If self-employee needs most recent compete tax returns with Schedule A or C. Copy of DL front and back and copy of title.*

APPLICANT'S CREDIT INFORMATION:

Social Security # _____ - _____ - _____ Full Name: (please print) _____
 DOB _____ Home Number (____) _____ Mobile Number (____) _____
 Address _____ City _____ State _____ Zip _____
 Yrs. There _____ Own Rent Monthly Pmt \$ _____ Previous Address _____
 Current Employer _____ Position _____ Yrs There _____
 Work Phone Number(____) _____ Gross Mo Income \$ _____ Previous Employer _____
 Other Income \$ _____ Source _____
 Signature _____ Date _____

CO-APPLICANT'S CREDIT INFORMATION:

Social Security # _____ - _____ - _____ Full Name: (please print) _____
 DOB _____ Home Number (____) _____ Mobile Number (____) _____
 Address _____ City _____ State _____ Zip _____
 Yrs. There _____ Own Rent Monthly Pmt \$ _____ Previous Address _____
 Current Employer _____ Position _____ Yrs There _____
 Work Phone Number(____) _____ Gross Mo Income \$ _____ Previous Employer _____
 Other Income \$ _____ Source _____
 Signature _____ Date _____