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Att.: _____

From: _____

Fax: _____

CREDIT APPLICATION

APPLICANT (Principal Driver of Vehicle)				JOINT APPLICANT (Relationship)							
First Name		MI	Last Name		First Name		MI		Last Name		
Full Name					Full Name						
Street Address		Apt#	How Long?		Street Address		Apt#	How Long?			
			___ Years ___ Months					___ Years ___ Months			
City		State	Zip Code		City		State	Zip Code			
H. Phone ()		Email:			H. Phone ()		Email:				
Date of Birth		Social Security #			Date of Birth		Social Security #				
___/___/___		- - - - -			___/___/___		- - - - -				
<input type="checkbox"/> OWN		<input type="checkbox"/> LIVE WITH RELATIVE		MONTHLY PAYMENTS		<input type="checkbox"/> OWN		<input type="checkbox"/> LIVE WITH RELATIVE		MONTHLY PAYMENTS	
<input type="checkbox"/> RENT/LEASE		<input type="checkbox"/> OTHER _____		\$ _____		<input type="checkbox"/> RENT/LEASE		<input type="checkbox"/> OTHER _____		\$ _____	
Employment information											
Employer Name				How Long?		Employer Name				How Long?	
				YRS MOS						YRS MOS	
Employer Address						Employer Address					
Position Title		W. Phone		Gross Annual Salary		Position Title		W. Phone		Gross Annual Salary	
		()		\$				()		\$	
ALIMONY, CHILD SUPPORT OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED, IF YOU DO NOT WISH TO HAVE IT CONSIDERED AS A BASIS FOR REPAYING THIS DEBT.				Annual Amount		ALIMONY, CHILD SUPPORT OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED, IF YOU DO NOT WISH TO HAVE IT CONSIDERED AS A BASIS FOR REPAYING THIS DEBT.				Annual Amount	
Other Source of Income				\$		Other Source of Income				\$	
PREVIOUS EMPLOYER OR SCHOOL				How Long?		PREVIOUS EMPLOYER OR SCHOOL				How Long?	
				YRS MOS						YRS MOS	
SIGN											
<small>NOTICE: I, THE UNDERSIGNED, HEREBY AUTHORIZE THE DEALER, AND/OR (COLLECTIVELY "PROSPECTIVE CREDITORS") TO VERIFY CREDIT AND EMPLOYMENT HISTORY AS STATED ABOVE AND TO ANSWER QUESTIONS ABOUT CREDIT EXPERIENCE WITH ME. IF THIS APPLICATION IS MADE PURSUANT TO ANY CREDIT PROGRAM FOR ATTENDEES AND/OR GRADUATES OF SCHOOLS OR EDUCATIONAL INSTITUTIONS, THEN PROSPECTIVE CREDITORS MAY VERIFY MY ELIGIBILITY FOR SUCH PROGRAM, INCLUDING BY INQUIRY TO MY SCHOOL(S) OR EDUCATIONAL INSTITUTION(S). INSURANCE RELATED TO THE CREDIT FOR WHICH I AM APPLYING MAY BE PURCHASED FROM AN INSURER OR AGENT OF MY CHOICE WHO MEETS PROSPECTIVE CREDITOR STANDARDS. IN CONNECTION WITH THIS APPLICATION FOR CREDIT, PROSPECTIVE CREDITORS MAY REQUEST A CONSUMER (CREDIT) REPORT. ON MY REQUEST, PROSPECTIVE CREDITORS WILL ADVISE ME IF THE REPORT WAS ACTUALLY ORDERED AND IF SO, THE NAME AND ADDRESS OF THE AGENCY THAT FURNISHED THE REPORT. PROSPECTIVE CREDITORS MAY ORDER SUBSEQUENT CONSUMER (CREDIT) REPORTS. I AUTHORIZE PROSPECTIVE CREDITORS TO ASK MY PAST AND CURRENT CREDITORS ("CREDIT REFERENCES"), INCLUDING CREDITORS LISTED ABOVE OR ON MY CONSUMER (CREDIT) REPORT, ABOUT MY CREDIT PERFORMANCE WITH THEM. PROVISION BY PROSPECTIVE CREDITORS OF A COPY OF THIS AUTHORIZATION SHALL SERVE AS MY DIRECTION THAT MY CREDIT REFERENCES PROVIDE MY CREDIT PERFORMANCE INFORMATION. EVERYTHING THAT I HAVE STATED IN THIS APPLICATION IS CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT PROSPECTIVE CREDITORS WILL RETAIN THIS APPLICATION WHETHER OR NOT IT IS APPROVED. I WILL NOTIFY PROSPECTIVE CREDITORS, IF APPLICABLE, WITHIN A REASONABLE TIME OF ANY CHANGE IN MY NAME, ADDRESS OR EMPLOYMENT.</small>											
X _____ Date: _____				X _____ Date: _____							
SIGNATURE OF APPLICANT						SIGNATURE OF JOINT APPLICANT					
FINANCE / LEASE TERMS											
<input type="checkbox"/> NEW <input type="checkbox"/> USED <input type="checkbox"/> DEMO		YEAR	MAKE		MODEL						
<input type="checkbox"/> LEASE <input type="checkbox"/> FINANCING		EXTERIOR COLOR		INTERIOR COLOR		PACKAGES		MSRP:			
TERM: MONTHS		MILAGE PER YEAR:				PER MONTH: \$					
						TOTAL DUE AT DELIVERY: \$					

Comments:

Please attach copy of your driver license. Copy of registration if you need plates transfer.