

**MR. MARK'S AUTOS
CREDIT APPLICATION AND HISTORY**

**1900 Central Avenue
Hot Springs, AR 71901
Phone: 501-622-0037 501-622-0676
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DATE: _____

APPLICANT'S NAME _____ STATUS(M?D?S?) _____

AGE _____ BIRTHDATE _____ SOCIAL SECURITY NUMBER _____

SPOUSE'S NAME(CO-TITLE HOLDER) _____

AGE _____ BIRTHDATE _____ SOCIAL SECURITY NUMBER _____

CURRENT ADDRESS _____

CITY _____ STATE/ZIP _____

HOW LONG HAVE YOU LIVED AT THIS CURRENT ADDRESS? _____

RENT / OWN RENT\$ _____ MORTGAGE PAYMENTS\$ _____

PREVIOUS ADDRESS _____

CITY _____ STATE/ZIP _____ HOW LONG? _____

NAME OF CURRENT LANDLORD/TELEPHONE NUMBER _____

APPLICANT TELEPHONE # _____ CELL PHONE _____

SPOUSE'S/CO-TITLE HOLDER HOME TELEPHONE NUMBER _____ CELL PHONE _____

APPLICANT'S CURRENT OCCUPATION _____

ADDRESS _____ CITY/STATE _____

SUPERVISOR _____ TELEPHONE _____

HOW LONG? _____ GROSS INCOME _____ (W / M / Y)

SPOUSE'S/CO-TITLE HOLDER CURRENT OCCUPATION _____

ADDRESS _____ CITY/STATE _____

SUPERVISOR _____ TELEPHONE _____

HOW LONG? _____ GROSS INCOME _____ (W / M / Y)

PREVIOUS EMPLOYER _____ HOW LONG? _____

SPOUSE'S/CO-TITLE HOLDER PREVIOUS EMPLOYER _____ HOW LONG? _____

CLOSEST RELATIVES AND RELATIONSHIP (NAME ADDRESS AND TELEPHONE NUMBER)

_____ RELATIONSHIP _____

_____ RELATIONSHIP _____

SPOUSE'S/CO-TITLE HOLDER CLOSEST RELATIVES AND RELATIONSHIP (NAME ADDRESS AND TELEPHONE NUMBER)

_____ TELEPHONE _____ RELATIONSHIP _____

_____ TELEPHONE _____ RELATIONSHIP _____

PERSONAL REFERENCES (NOT RELATED- NAME ADDRESS AND TELEPHONE NUMBER)

- 1. _____
- 2. _____
- 3. _____

PREVIOUSLY FINANCED VEHICLES:

- 1. VEHICLE _____ DEALERSHIP _____ APPX. DATE _____ AMOUNT FINANCED _____
- 2. VEHICLE _____ DEALERSHIP _____ APPX. DATE _____ AMOUNT FINANCED _____

BANK REFERENCES:

CHECKING: _____ SAVINGS: _____ CREDIT UNION: _____

YOUR CURRENT VEHICLE

MAKE _____ YEAR _____ COLOR _____ LICENSE NUMBER _____

SPOUSE'S/CO-TITLE HOLDER CURRENT VEHICLE

MAKE _____ YEAR _____ COLOR _____ LICENSE NUMBER _____

NAME OF CURRENT AUTO INSURANCE COMPANY: _____

ADDRESS/TELEPHONE _____ AGENT _____

SPOUSE'S/CO-TITLE HOLDER AUTO INSURANCE COMPANY: _____

ADDRESS/TELEPHONE _____ AGENT _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? NO _____ YES _____

IF YES EXPLAIN _____

HAS YOUR SPOUSE/CO-TITLE HOLDER EVER BEEN CONVICTED OF A FELONY? NO _____ YES _____

IF YES EXPLAIN _____

ARE YOU CURRENTLY IN BANKRUPTCY? NO _____ YES _____

IS YOUR SPOUSE/CO-TITLE HOLDER CURRENTLY IN BANKRUPTCY? NO _____ YES _____

HAVE YOU EVER FILED FOR BANKRUPTCY? NO _____ YES _____

HAS YOUR SPOUSE/CO-TITLE HOLDER EVER FILED FOR BANKRUPTCY? NO _____ YES _____

HAVE YOU BEEN SUBJECT TO A REPOSSESSION? NO _____ YES _____

HAS YOUR SPOUSE/CO-TITLE HOLDER EVER BEEN SUBJECT TO A REPOSSESSION? NO _____ YES _____

IF YOU OR YOUR SPOUSE/CO-TITLE HOLDER HAVE ANSWERED YES TO ANY OF THE ABOVE FOUR QUESTIONS, PLEASE EXPLAIN. _____

I/WE HEREBY ACKNOWLEDGE AND ATTEST THAT THE INFORMATION GIVEN IN THIS APPLICATION IS TRUE AND CORRECT, AND AUTHORIZE MR. MARK'S AUTOS AND ITS ASSIGNS TO CONTACT ANYONE RELATIVE TO THIS APPLICATION TO VERIFY THE INFORMATION SUBMITTED.

APPLICAN'T SIGNATURE _____ CURRENT DRIVER'S LICENSE NUMBER _____

SPOUSE'S/CO-TITLE HOLDER'S SIGNATURE _____ CURRENT DRIVER'S LICENSE NUMBER _____

DATE: _____ SALES REPRESENTATIVE _____