EMPIRE MOTORS AUTO SALES LLC. CREDIT APPLICATION

		APPLICANT INFORMATION	
Name:			
Date of birth:		SSN:	Phone:
Current address:			
City:		State:	ZIP Code:
Own Rent (Please circ	le)	Monthly payment or rent:	How long?
Previous address:			
City:		State:	ZIP Code:
Owned Rented (Please circ	le)	Monthly payment or rent:	How long?
		EMPLOYMENT INFORMATION	
Current employer:			
Employer address:			How long?
Phone:	E-mail:		Fax:
City:		State:	ZIP Code:
Position:		Hourly Salary (Please circle)	Annual income:
Previous employer:			
Address:			How long?
Phone:	E-mail:		Fax:
City:		State:	ZIP Code:
Position:		Hourly Salary (Please circle)	Annual income:
Name of a relative not residing	g with you	:	
Address:			Phone:
City:		State:	ZIP Code:
Relationship:			
С	O-APPLICA	NT INFORMATION, IF FOR A JOINT AC	CCOUNT
Name:			
Date of birth:		SSN:	Phone:
Current address:			
City:		State:	ZIP Code:
Own Rent (Please circ	le)	Monthly payment or rent:	How long?
Previous address:			
City:		State:	ZIP Code:
Owned Rented (Please circ	le)	Monthly payment or rent:	How long?
		EMPLOYMENT INFORMATION	
Current employer:			
Employer address:			How long?
Phone:	E-mail:		Fax:
City:	ı	State:	ZIP Code:
Position:		Hourly Salary (Please circle)	Annual income:
Previous employer:		-	
Address:			
Phone:	E-mail:		Fax:
City:	1	State:	ZIP Code:
Position:		Hourly Salary (Please circle)	Annual income:
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	EMPI	RE MOTORS AUTO CREDIT APPLICATI		
		VEHICLE INFORMATION	DN	
YEAR:	MAKE:	MODEL:	MILAGE:	
VIN#		SALE PRICE:	NADA:	
DOWNPAYMENT	Τ: \$		MO.PMNT \$	

NOTES:

I authorize Empire Motors Auto Sales LLC. to verify the information provide employment history.	ed on this form as to my credit and

EMPIRE MOTORS AUTO SALES LLC. 4213-21 FRANKFORD AVE. PHILA., PA 19124 TEL: (215) 831-0123 Date

Signature of co-applicant, if for joint account

FAX: (215) 831-0179

e-mail: empiremotorsas@yahoo.com