



To run a credit application through our lenders does not effect your credit.
 Please send completed credit application by fax, (936) 632-8792, or by email,
 priceriteas@yahoo.com.

Vehicle of Interest		Your Down Payment \$ _____			
Year	Make	Model	Mileage	Full VIN	
Trade-In (if applicable)		Trade-In's Pay Off \$ _____			
Year	Make	Model	Mileage	Full VIN	

SECTION A - INFORMATION REGARDING APPLICANT

Full name (first, middle, last)			Birth Date	Social Security No.
Present Address (street, city, state, & zip)	<input type="checkbox"/> rent <input type="checkbox"/> family	<input type="checkbox"/> own <input type="checkbox"/> other	How long at present address _____ years _____ months	If less than 2 years, list previous addresses up to past 2 years
Other Address (street, city, state, & zip)	<input type="checkbox"/> rent <input type="checkbox"/> family	<input type="checkbox"/> own <input type="checkbox"/> other	How long at address _____ years _____ months	
Other Address (street, city, state, & zip)	<input type="checkbox"/> rent <input type="checkbox"/> family	<input type="checkbox"/> own <input type="checkbox"/> other	How long at address _____ years _____ months	
Other Address (street, city, state, & zip)	<input type="checkbox"/> rent <input type="checkbox"/> family	<input type="checkbox"/> own <input type="checkbox"/> other	How long at address _____ years _____ months	
Driver's License Number	State	Expires	Applicant's Phone Number	
Employment Status <input type="checkbox"/> full time <input type="checkbox"/> part time <input type="checkbox"/> hourly <input type="checkbox"/> unemployed <input type="checkbox"/> retired <input type="checkbox"/> military <input type="checkbox"/> self-employed <input type="checkbox"/> student <input type="checkbox"/> disability <input type="checkbox"/> other				
Present Employer (company name & address)				
How Long With Present Employer _____ years _____ months	Your Position or Title		Phone Number for Verification	
Employment Status <input type="checkbox"/> full time <input type="checkbox"/> part time <input type="checkbox"/> hourly <input type="checkbox"/> unemployed <input type="checkbox"/> retired <input type="checkbox"/> military <input type="checkbox"/> self-employed <input type="checkbox"/> student <input type="checkbox"/> disability <input type="checkbox"/> other				
Previous Employer (company name & address)				
How Long With Present Employer _____ years _____ months	Your Position or Title		Phone Number for Verification	
Your Present Gross Salary or Commission \$ _____ per month	Other Income (Gross) \$ _____ per month	Sources of Other Income		

SECTION B - INFORMATION REGARDING SPOUSE OR JOINT APPLICANT

Full name (first, middle, last)			Birth Date	Social Security No.
Relationship to Applicant	Present Address (street, city, state, & zip)	<input type="checkbox"/> rent <input type="checkbox"/> family	<input type="checkbox"/> own <input type="checkbox"/> other	How long at present address _____ years _____ months
Other Address (street, city, state, & zip)		<input type="checkbox"/> rent <input type="checkbox"/> family	<input type="checkbox"/> own <input type="checkbox"/> other	How long at address _____ years _____ months
Other Address (street, city, state, & zip)		<input type="checkbox"/> rent <input type="checkbox"/> family	<input type="checkbox"/> own <input type="checkbox"/> other	How long at address _____ years _____ months
Other Address (street, city, state, & zip)		<input type="checkbox"/> rent <input type="checkbox"/> family	<input type="checkbox"/> own <input type="checkbox"/> other	How long at address _____ years _____ months
Driver's License Number	State	Expires	Spouse's or Joint Applicant's Phone Number	
Employment Status <input type="checkbox"/> full time <input type="checkbox"/> part time <input type="checkbox"/> hourly <input type="checkbox"/> unemployed <input type="checkbox"/> retired <input type="checkbox"/> military <input type="checkbox"/> self-employed <input type="checkbox"/> student <input type="checkbox"/> disability <input type="checkbox"/> other				
Present Employer (company name & address)				
How Long With Present Employer _____ years _____ months	Your Position or Title		Phone Number for Verification	
Employment Status <input type="checkbox"/> full time <input type="checkbox"/> part time <input type="checkbox"/> hourly <input type="checkbox"/> unemployed <input type="checkbox"/> retired <input type="checkbox"/> military <input type="checkbox"/> self-employed <input type="checkbox"/> student <input type="checkbox"/> disability <input type="checkbox"/> other				
Previous Employer (company name & address)				
How Long With Previous Employer _____ years _____ months	Your Position or Title		Phone Number for Verification	
Your Present Gross Salary or Commission \$ _____ per month	Other Income (Gross) \$ _____ per month	Sources of Other Income		

SECTION C - MARITAL STATUS

Applicant	<input type="checkbox"/> Married	<input type="checkbox"/> Separated	<input type="checkbox"/> Unmarried (including single, divorced, and widowed)
Joint Applicant	<input type="checkbox"/> Married	<input type="checkbox"/> Separated	<input type="checkbox"/> Unmarried (including single, divorced, and widowed)

SECTION D - SIGNATURES

APPLICANTS SIGNATURE ** _____	DATE ** _____	JOINT APPLICANTS SIGNATURE (Where Applicable) ** _____	DATE ** _____
----------------------------------	------------------	---	------------------