

**AUTHORIZED RESOURCES LTD.
MAJOR VEHICLE EXCHANGE**

5000 Brush Hollow Rd., Westbury, NY 11590 • Phone (516) 333-7483 • Fax (516) 333-8913 • www.getanybus.com

Type of Application <input type="checkbox"/> Retail Installment <input type="checkbox"/> Long -Term Lease <input type="checkbox"/> Consumer <input type="checkbox"/> Business	Dealership Name
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VEHICLE INFORMATION:							
Salesman	Contact/Call Back	Year	Make	<input type="checkbox"/> New <input type="checkbox"/> Used <input type="checkbox"/> Demo	Model	Mileage	

LEASE INFORMATION:		MSRP \$	Cap. \$	Trade in or Down Pmt. \$	Term	Residual \$	Mo. Payment \$
RETAIL INSTALLMENT INFORMATION:		Sales Price \$	Sales Tax \$	Down Payment \$	Trade In \$	Amount Financed \$	

A. INFORMATION REGARDING APPLICANT:					
Full Name		Date of Birth	Social Security Number	E-Mail Address	Home Phone ()
Current Address Street City State			Zip Code	How Long? Yrs. Mos.	Yrs. in Community
Previous Address (Min. 5 yr. history—use addl. sheets if necessary)			Zip Code	How Long? Yrs. Mos.	Occupation
Employer Name (Min. 3 yr. history—use addl. sheets if necessary)			How Long? Yrs. Mos.	Nature of Business	
Business Address			Self Employed <input type="checkbox"/> Yes <input type="checkbox"/> No	Business Phone ()	
Gross Monthly Income \$	Source of Other Income (Optional) (Alimony, Child Support, Maintenance)		Amount \$	Total Gross Monthly Income \$	
Previous Employer Name, City, State			Phone ()	How Long? Yrs. Mos.	Job Title
Nearest Relative Not Living With You (Full Address)				Phone ()	Relationship
Personal Reference (Full Address)					Phone ()

B. INFORMATION REGARDING JOINT APPLICANT, SPOUSE OR OTHER PERSONS:					
Full Name		Date of Birth	Social Security Number	E-Mail Address	Home Phone ()
Current Address Street City State			Zip Code	How Long? Yrs. Mos.	Occupation
Previous Address (Min. 5-yr. history—use addl. sheets if necessary)			Zip Code	How Long? Yrs. Mos.	Business Phone ()
Employer Name (Min. 3-yr. history—use addl. sheets if necessary)			How Long? Yrs. Mos.	Nature of Business	
Business Address			Self Employed <input type="checkbox"/> Yes <input type="checkbox"/> No	Relationship to the Applicant (if any)	
Gross Monthly Income \$	Source of Other Income (Optional) (Alimony, Child Support, Maintenance)		Amount \$	Total Gross Monthly Income \$	
Previous Employer Name, City, State			Phone ()	How Long? Yrs. Mos.	Occupation

C. PERSONAL FINANCIAL INFORMATION: ALL LOANS, LEASES AND OTHER OBLIGATIONS (INCLUDING ALIMONY, CHILD SUPPORT, MAINTENANCE)						
Residence <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> With Parents	Lien holder or Landlord Name		Account No.	Original Balance \$	Balance Owing \$	Mo. Payment \$
	Address		Contact	Phone ()	Mkt. Value \$	
Name and Account No.			Address	\$	\$	\$
Name and Account No.			Address	\$	\$	\$
Previous Vehicle Was <input type="checkbox"/> Leased <input type="checkbox"/> Purchased	Name of Lessor of Financing Creditor	Branch No.	City, State	Account No.	Original Balance	<input type="checkbox"/> Open <input type="checkbox"/> Paid <input type="checkbox"/> Trade
Checking	Name	Branch	Phone ()	Account No.	Balance \$	
Saving/ Money Mkt.	Name	Branch	Phone ()	Account No.	Balance \$	
Have You Ever Obtained Credit Under a Different Name? <input type="checkbox"/> Yes <input type="checkbox"/> No (List Name & Address)				Have you Ever Filed Bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____		
Account Name		Address		Phone ()		

D. BUSINESS APPLICANT:					
Firm Name				Nature of Business	Yrs. in Business
Current Address			City	State	Zip # Years
Previous Address			City	State	Zip # Years
Business Phone ()		Name and Address of Parent Company			
Corporation	Partnership	Proprietorship	Date of Incorporation	State of Incorporation	D&B Rating
Business Checking Bank:		Address		Account Number	
Phone ()		Contact or Bank Officer	Type of Account		Date Opened
Officers/Principals Name		Address		Title	
Name		Address		Title	
Trade Ref. (1)			Trade Ref. (2)		

LIST ALL OPERATORS IN ORDER OF MOST FREQUENT USE:		% of Vehicle Use	Birth Date Mo. Day Yr.	Operator's License Number	State	Years Licensed
Garaging Address If Other Than Residence		Number & Street	City	State	Zip	Phone No. ()

CONSUMER REPORT: ALL THE INFORMATION GIVEN ON THIS APPLICATION IS TRUE, CORRECT AND COMPLETE. THIS APPLICATION FOR CREDIT MAY BE SUBMITTED BY AUTHORIZED RESOURCES LTD. OR ITS AFFILIATES OR SUBSIDIARIES (THE "CREDITOR") TO VARIOUS FINANCIAL INSTITUTIONS FOR CONSIDERATION, OR TO ANY ASSIGNEES OF THE CREDITOR SUCH AS FINANCIAL INSTITUTIONS. I UNDERSTAND THAT THE CREDITOR AND SUCH OTHER FINANCIAL INSTITUTIONS AND/OR ASSIGNEES WILL RELY ON THIS APPLICATION IN DECIDING WHETHER TO GRANT THE REQUESTED CREDIT AND WILL RETAIN THIS APPLICATION WHETHER OR NOT IT IS APPROVED. I AUTHORIZE THE CREDITOR AND SUCH OTHER FINANCIAL INSTITUTIONS AND/OR ASSIGNEES TO CHECK MY CREDIT AND EMPLOYMENT HISTORY. I UNDERSTAND THAT A CONSUMER CREDIT REPORT MAY BE OBTAINED FROM ONE OR MORE CREDIT REPORTING AGENCIES (CREDIT BUREAUS) IN CONNECTION WITH THIS APPLICATION OR IN CONNECTION WITH ANY UPDATES, RENEWALS OR EXTENSIONS OF ANY CREDIT GRANTED AS A RESULT OF THIS APPLICATION UPON REQUEST. THE CREDITOR AND/OR SUCH OTHER FINANCIAL INSTITUTIONS AND/OR ASSIGNEES WILL TELL ME WHETHER OR NOT A CONSUMER CREDIT REPORT WAS OBTAINED AND FURNISH ME WITH THE NAME AND ADDRESS OF THE CONSUMER REPORTING AGENCY. I ALSO AUTHORIZE THE CREDITOR AND/OR SUCH OTHER FINANCIAL INSTITUTIONS AND/OR ASSIGNEES TO GIVE INFORMATION ABOUT THIS CREDIT APPLICATION AND ITS CREDIT EXPERIENCE WITH ME TO OTHERS.

Signature of Primary or Business Applicant	Date	Signature of Co-Applicant or Guarantor	Date
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