

TO BE FILLED-UP BY SALES CONSULTANT

Unit	Selling Price	Down Payment %	Amount Finance %	Term months	Sales Consultant
_____	_____	_____	_____	_____	_____

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Borrower

	LAST NAME	FIRST NAME	MIDDLE NAME
Applicant:	_____		
Address:	_____		
Year of Stay:	_____	Tel No: _____	Mobile No: _____
Marital Status:	_____	No. of Dependent: _____	
Date of Birth:	_____	Date of Birth Spouse: _____	

Spouse/ Co- Maker

Last Name	First Name	Middle Name	Telephone Number
_____	_____	_____	_____

Employment/ Occupation

	Applicant	Spouse/ Co-Maker
Employer:	_____	_____
Address:	_____	_____
Tel No:	_____	Tel No: _____
Position:	_____	Position: _____
Monthly Income:	_____	Monthly Income: _____

Credit References

	Bank	Branch	Amount of Dep.	Account Number
Savings	_____	_____	_____	_____
Checking	_____	_____	_____	_____

Trade References

Suppliers	Address	Telephone Number	Volume of Business
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Clients	Address	Telephone Number	Volume of Business
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Agreement:

We affirm that each of statement made in this application is true and correct and agree to notify the bank of any material changes affecting the information contained herein. We authorized you to obtain and verify information as we requires covering this application from above references or any other sources. We agree that all information obtained shall remain the banks properly whether or not the loan is granted. We are aware that information gathered about us will be used to determine our eligibility of this loan.

Borrower's Signature: _____ Date: _____