

CARRILLO AUTO SALES

Buy Here

Pay Here

713-692-3700

www.CarrilloAutoSales.com

Credit Application

Customer Information

Name		Driver License #	Date of Birth	Social Security - -	
Address <input type="checkbox"/> Address matches Driver's License		Apt#	City	State	Zip/Postal Code
Phone #	<input type="checkbox"/> Home <input type="checkbox"/> Cell	Best Call Time	Secondary Phone #	Email Address	
Previous Address <input type="checkbox"/> Address matches Driver's License		Apt#	City	State	Zip/Postal Code
Employer	Employer Address	How Long? <small>Years Months</small>	Employer Phone	Department/Title	Work Hours <small>(e.g. 9am-5pm)</small>
Supervisor's Name (First, Last)		Take-home Pay (Each Payday)	Payday Frequency <input type="checkbox"/> Monthly <input type="checkbox"/> Twice/Month <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Weekly	Next Pay Date / /	Best Payment Day M T W T H F S
Previous Employer	Employer Address	How Long? <small>Years Months</small>	Employer Phone	Department/Title	Work Hours <small>(e.g. 9am-6pm)</small>

Co-Customer Information

Co-Customer Name		<input type="checkbox"/> Spouse <input type="checkbox"/> Roommate	Date of Birth	Social Security - -	
Employer	Employer Address	How Long? <small>Years Months</small>	Employer Phone	Department/Title	Work Hours <small>(e.g. 9am-6pm)</small>
Supervisor's Name (First, Last)		Take-home Pay (Each Payday)	Payday Frequency <input type="checkbox"/> Monthly <input type="checkbox"/> Twice/Month <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Weekly	Next Pay Date / /	

Personal References

Parent/Relative	Address	City / State / Zip or Postal Code	Phone #	<input type="checkbox"/> Home <input type="checkbox"/> Cell	Relationship
Parent/Relative	Address	City / State / Zip or Postal Code	Phone #	<input type="checkbox"/> Home <input type="checkbox"/> Cell	Relationship
Friend/Relative	Address	City / State / Zip or Postal Code	Phone #	<input type="checkbox"/> Home <input type="checkbox"/> Cell	Relationship
Friend/Relative	Address	City / State / Zip or Postal Code	Phone #	<input type="checkbox"/> Home <input type="checkbox"/> Cell	Relationship
Friend/Relative	Address	City / State / Zip or Postal Code	Phone #	<input type="checkbox"/> Home <input type="checkbox"/> Cell	Relationship
Friend/Relative	Address	City / State / Zip or Postal Code	Phone #	<input type="checkbox"/> Home <input type="checkbox"/> Cell	Relationship

SIGN AFTER READING STATEMENT: I promise that the information I have provided on this Credit Application form is correct. I authorize Carrillo Auto Sales to completely verify all information that I have provided. Carrillo Auto Sales has my express authorization to contact any person, landlord, employer or company listed on the Credit Application form. This for is an application to purchase and may be rejected if I fail to qualify or if any information is found to be false.

You may also disclose this credit application to AG & E Finance Inc., a potential purchaser of my installment sales contract, which is also authorized to check my credit and employment history.

Customer's Signature

Date

Co-Customer's Signature