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1503 44TH ST. BROOKLYN NY 11219

CREDIT APPLICATION FOR AUTOMOBILE LEASE OR FINANCE- JOSEPH

SOCIAL SECURITY NUMBER _____ - _____ - _____

DATE OF BIRTH _____ / _____ / _____

FIRST NAME _____

LAST NAME _____

HOME PHONE NUMBER (____) _____

ADDRESS _____

CITY _____

STATE _____ ZIP _____

YEARS AT ADDRESS _____

DO YOU OWN _____ RENT _____

MONTHLY PAYMENT \$ _____

NAME OF MORTGAGE HOLDER _____

EMAIL ADDRESS _____

EMPLOYER _____

EMPLOYER ADDRESS _____

OCCUPATION _____

BUSINESS PHONE # (____) _____

TIME EMPLOYED _____ ANNUAL SALARY \$ _____

SIGNED X _____

THIS APPLICATION MUST BE SIGNED!

You authorize us to submit this application and any other application in connection with the proposed transaction to the financial institutions disclosed to you by us the dealers.