

Thrift Investment Corporation

720 King George's Post Road, Fords, NJ 08863-0538

P.O. Box 538 Fords, NJ 08863

Phone: 732-738-9100 / Fax: 732-738-1905

Dealer Checklist for Discounting

SECTION I Requirements prior to Discounting for: _____

(Customers Name)

- 1. Credit application completed and signed by maker (s).
- 2. Credit application completed and signed by co-maker(s).
- 3. Retail sales order disclosing the sale signed by customer and dealer.
- 4. Copy of valid Driver's License for state of residence.
- 5. Copies of recent pay stubs for co-maker(s).
- 6. Copies of W-2(s) for maker(s)
- 7. Copies of W-2(s) for co-maker(s).
- 8. Proof of maker's residence.
- 9. Insurance verified by dealer prior to releasing the car.
- 10. Insurance information called into Thrift and verified prior to bringing contract in for discount.
- 11. Other documentation requested _____

SECTION II Completing Contract For Discount

- 1. Contract completed with no blank spaces.
- 2. Doc fees should be broken down in the itemization on the contract.
- 3. MV fees must be shown on contract where indicated and lien fee shown separately.
- 4. Trade in description.
- 5. Contract signed by all makers and co-makers.
- 6. Purchase order agrees with everything on contract.
- 7. Copy of title - spelling must agree exactly with contract and signature.
- 8. White and Goldenrod copy of contract properly executed by dealer
- 9. All necessary documentation requested must accompany contract

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Personal Reference Sheet

*** ALL REFERENCES MUST BE VERIFIABLE ***

Please include: full name, phone number, and address

1)

NAME: _____

PHONE: _____

ADDRESS: _____

2)

NAME: _____

PHONE: _____

ADDRESS: _____

3)

NAME: _____

PHONE: _____

ADDRESS: _____

4)

NAME: _____

PHONE: _____

ADDRESS: _____

5)

NAME: _____

PHONE: _____

ADDRESS: _____

6)

NAME: _____

PHONE: _____

ADDRESS: _____

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Insurance Verification Form

* This form must be completed, signed by the customer, and submitted with every contract purchased by Thrift Investment Corporation. *

NAME OF PURCHASER: _____

(Must match name(s) on Certificate of Title)

YEAR, MAKE AND MODEL OF AUTO PURCHASED: _____

INSURANCE COMPANY: _____

POLICY OR BINDER NUMBER: _____

NAME OF AGENT: _____

AGENT PHONE NUMBER: _____

DEDUCTIBLE COMPREHENSIVE: _____

DEDUCTIBLE COLLISION: _____

DATE VEHICLE ADDED TO POLICY: _____

DATE EXISTING POLICY EXPIRES: _____

(If applicable)

IS A PHOTO INSPECTION REQUIRED BY THE INSURANCE COMPANY? Yes No

IS THRIFT INVESTMENT CORP., AT EITHER P.O. BOX 538 or Yes No

720 King Georges Post Road Fords, NJ 08863 listed as LOSS PAYEE for the financed vehicle?

VERIFIED BY: _____

(Dealer)

SPOKE WITH: _____

(Agent)

I, _____, understand that I am obligated to carry
(Name of customer)

comprehensive and collision insurance coverage, at deductibles no higher than \$ 750.00 for each coverage, on my financed vehicle for the entire term of my loan with **THRIFT INVESTMENT CORP.**

Within 60 days of purchase of my vehicle, I will deliver to **THRIFT INVESTMENT CORP.** an endorsed auto policy, showing my financed vehicle, full coverage insurance, and **THRIFT INVESTMENT CORP.** listed as LOSS PAYEE.

(Customer Signature)

Follow up: _____
