

Phone: 732-738-9100
FAX: 732-738-1905

THRIFT INVESTMENT CORPORATION
"EQUAL OPPORTUNITY LENDER"

720 King Georges Post Rd.
P.O. Box 538
Fords, NJ 08863-0538

Attn: _____

Please fully complete and sign below (please print)

DEALER		DEALER PHONE		DEALER FAX		APPLICANT LAST NAME		TODAYS DATE	
NEW <input type="checkbox"/> YEAR MAKE		MODEL #		DESCRIPTION		CASH PRICE (LINE 1 OF CONTRACT)		\$ _____	
USED <input type="checkbox"/>						CASH DOWN		\$ _____	
MILEAGE		VIN		SALESPERSON		LESS: NET TRADE		\$ _____	
AUTOMATIC TRANS. <input type="checkbox"/>		STANDARD TRANS. <input type="checkbox"/>		POWER STEERING <input type="checkbox"/>		POWER BRAKES <input type="checkbox"/>		AIR CONDITIONING <input type="checkbox"/>	
POWER WINDOWS <input type="checkbox"/>		POWER SEATS <input type="checkbox"/>		VINYL ROOF <input type="checkbox"/>		ROOF RACK <input type="checkbox"/>		SUN ROOF <input type="checkbox"/>	
RADIO (DESCRIBE)		OTHER (DESCRIBE)				UNPAID BALANCE		\$ _____	
TRADE-IN		YEAR		MAKE		DESCRIPTION		PLUS INSURANCE AND ALL OTHER CHARGES	
								\$ _____	
MSRP		DEALER EMAIL		DEALER #		TOTAL AMOUNT FINANCED		\$ _____	
TISSUE						TERM _____ MONTHS			

* BUYERS CREDIT INFORMATION (AUTO) If this is an INDIVIDUAL application complete the information under SECTION 1 & 3. If this is a JOINT application, have co-applicant complete section 2 & 3 include debts in section 1. References in 3 may pertain to both applicant and co-applicant. If married, the spouse is not required to be the joint applicant.

1		LAST NAME		FIRST NAME		MIDDLE NAME		DATE OF BIRTH MO DAY YEAR		MARITAL STATUS UNMARRIED MARRIED SEPARATED		# OF DEPS		FORMER OR MAIDEN NAME			
PRESENT ADDRESS				APT #		CITY		STATE		ZIP CODE		HOW LONG?		HOME PHONE #			
MY RENT * OR MORTGAGE * IS PAID TO:				MTG. PAYMENT		\$ MTG. BAL		MY EMAIL ADDRESS		MY PAGER #		MY CELL PHONE #					
PREVIOUS ADDRESS (IF PRESENT IS LESS THAN 5 YEARS)										HOW LONG?		BEEPER #					
SOCIAL SECURITY NUMBER						DRIVER LICENSE #						EXP. DATE					
NAME AND ADDRESS OF EMPLOYER										HOURS WORKED		BUSINESS PHONE		EXT.			
POSITION		TIME EMPLOYED YRS. MOS.		WEEKLY SALARY BEFORE TAXES		BUSINESS EMAIL ADDRESS		EMPLOYEE PHONE #		SUPERVISOR'S NAME							
PART TIME EMPLOYMENT		ADDRESS		CITY		STATE		EARNINGS PER WEEK		SUPERVISOR							
NAME AND ADDRESS OF FORMER EMPLOYER IF PRESENT EMPLOYMENT IS LESS THAN 5 YEARS										TIME EMPLOYED							
DEBT TYPE		MY PRESENT AND PAST OBLIGATIONS - LIST BANKS, LOAN COMPANIES, STORES, DOCTORS, ETC.															
AUTO		MY LAST CAR LOAN WAS WITH: NAME OF BANK				CITY				STATE		MONTHLY PAYMENT		BALANCE OR WHEN PAID			
OTHER																	
MY AUTO INSURANCE AGENT WILL BE _____ POLICY IN FORCE SINCE _____ POLICY NUMBER _____																	
AUTO INSURANCE COMPANY IS _____ POLICY # _____																	
2		LAST NAME		FIRST NAME		MIDDLE NAME		DATE OF BIRTH MO DAY YEAR		MARITAL STATUS MARRIED UNMARRIED SEPARATED		# OF DEPS		FORMER OR MAIDEN NAME			
PRESENT ADDRESS				APT #		CITY		STATE		ZIP CODE		HOW LONG ?		HOME PHONE #			
PREVIOUS ADDRESS						HOW LONG		EMAIL ADDRESS		CELL PHONE #							
SOCIAL SECURITY NUMBER						DRIVER LICENSE #						EXP. DATE					
EMPLOYERS NAME				ADDRESS		CITY		STATE		PHONE NO.		EXT.					
POSITION		TIME EMPLOYED YRS. MOS.		WEEKLY SALARY BEFORE TAXES		SUPERVISOR'S NAME		BUSINESS EMAIL ADDRESS		WORKING HOURS							
PREVIOUS EMPLOYER		ADDRESS		CITY		STATE		TIME EMPLOYED YRS. MOS.		RELATION TO APPLICANT							
3 PERSONAL REFERENCE (NAME AND ADDRESS)										PHONE NUMBER							
RELATIVE OR FRIEND (NAME AND ADDRESS)										RELATIONSHIP		PHONE NUMBER					
NEAREST RELATIVE NOT LIVING WITH ME (ADDRESS - OK IF OUT OF STATE)										RELATIONSHIP		PHONE NUMBER					
ALIMONY, CHILD SUPPORT OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED IF YOU DO NOT WISH TO HAVE IT CONSIDERED AS A BASIS FOR REPAYING THIS OBLIGATION.																	

FEDERAL LAW REQUIRES THAT YOU RECEIVE A CREDIT DISCLOSURE STATEMENT UPON SIGNING THIS APPLICATION FROM SELLER

FAIR CREDIT REPORTING ACT NOTICE TO CONSUMER

THIS CREDIT APPLICATION SHALL BE SUBMITTED TO THRIFT INVESTMENT CORPORATION, 720 KING GEORGES POST ROAD, FORDS, NEW JERSEY 08863-0538 SO THAT THRIFT INVESTMENT CORPORATION MAY DECIDE WHETHER OR NOT TO PURCHASE THE TRANSACTION.
I/WE CERTIFY THAT ALL INFORMATION GIVEN BY ME/US ON THIS APPLICATION IS COMPLETE, ACCURATE, AND TRUE. I/WE AUTHORIZE THE DEALER AND THRIFT INVESTMENT CORPORATION TO INVESTIGATE MY/OUR CREDIT, EMPLOYMENT HISTORY, AND TO OBTAIN CREDIT REPORTS AND OR MOTOR VEHICLE RECORDS, AND TO EXCHANGE OR REPORT ANY INFORMATION WHICH HAS BEEN PROVIDED ON THIS APPLICATION. I/WE AUTHORIZE MY/OUR EMPLOYER(S) TO RELEASE SUCH EMPLOYMENT INFORMATION AS MAY BE REQUIRED BY THRIFT INVESTMENT CORPORATION.
I/WE UNDERSTAND THAT THIS APPLICATION MAY BE CONSIDERED WITHDRAWN IF I/WE DO NOT INQUIRE ABOUT ITS STATUS WITHIN 30 DAYS OF THE DATE INDICATED BELOW.
I/WE AGREE THAT AN INTERVIEW MAY BE REQUIRED TO VERIFY MY/OUR APPLICATION. I/WE FURTHER AGREE THAT THRIFT INVESTMENT CORPORATION SHALL RETAIN THIS APPLICATION WHETHER OR NOT IT HAS BEEN APPROVED.

Optional Title - Circle one if desired. Mr. Mrs. Ms. Miss

Optional Title - Circle one if desired. ~ Mr. Mrs. Ms. Miss

SIGNATURE REQUIRED		DATE		JOINT APPLICANT - SIGNATURE REQUIRED		DATE	
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