MH Auto Sales & Auto Care Center

Credit Application

Applicant Information
Name: _____

Street Address:_____

Date of Birth:_____

SSN: _____

Phone: _____

City: _____

State: _____

ZIP: _____

Own / Rent: own_____

Monthly Payment or Rent: _____

How Long? _____

Employment Information
Current Employer: _____

Employer Address: _____

How Long: _____

Phone: _____

Position: server_____

Hourly / Salary: _____

Annual Income: _____

Do you have a Cheeking, saving or prepaid debit card?

Co-Applicant Information

Name: _____
Date of Birth: _____

SSN: _____

Current Address: _____

City: _____

State: _____

ZIP: _____

Own / Rent: _____

Monthly Payment or Rent: _____

Co-Applicant Employment Information
Current Employer: _____

Employer Address: _____

Position: _____

How Long: _____

Phone: _____

Hourly / Salary: _____

Annual Income: _____