

**Maxatawny Auto Sales, Inc.**  
**15320 Kutztown Road**  
**Kutztown, PA 19530**  
610-683-0480  
Fax 610-683-0481

Applicant's Name:			
SS #:			
Cell Phone			
Home Phone:		Date of Birth:	
Street:			
City:	State:	Zip:	
Time at this address: ____years ____ mos. (if less than 2 years provide previous address			
Do you rent or own? (please circle) RENT OWN payment/mo. _____			
Previous address:			
City:	State:	Zip:	
Current Employer:		Time: ____years ____ mos.	
Work Phone:	Position:	FT PT	
Gross Monthly Income: \$ _____			
Additional Income: \$ _____ / monthly			
Source of other Income:			

Co-Applicant's Name:			
SS #:			
Cell Phone			
Home Phone:		Date of Birth:	
Street:			
City:	State:	Zip:	
Time at this address: ____years ____ mos. (if less than 2 years provide previous address			
Do you rent or own? (please circle) RENT OWN payment/mo. _____			
Previous address:			
City:	State:	Zip:	
Current Employer:		Time: ____years ____ mos.	
Work Phone:	Position:	FT PT	
Gross Monthly Income: \$ _____			
Additional Income: \$ _____ / monthly			
Source of other Income:			

Everything that I have stated in this application is correct to the best of my knowledge. I understand that you will retain this application whether or not is approved. You are authorized to check my credit and my employment history and to answer questions about your credit experience with me. I understand that knowing submission of a false credit application constitutes a federal offense.

If I do not qualify for credit, I authorize you to consider my application for approval under the terms and conditions of your alternative loan programs. I understand that you refer applications to lenders and that you cannot approve loans. I authorize you to submit my loan application to lender(s) for their review. I understand that the terms and conditions of any alternative loan may vary from those for which I am currently applying.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Co-Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_