CUSTOMER INFORMATION WORKSHEET

APPLICANT____ CO-APPLICANT____

NAME:	SSN:	DOB:	Drivers License #	Exp Date
EMAIL	**Cell/Carrier**	**HOME#**	**WORK#**	**#Dep/Age**
Current Employer	**Position**	**Yrs/Months**	**How Are You Paid?**	**Total Net:**
		/	W___B___S___M___	
OTHER INCOME (source)	**$**		**New Total:**	**$**
OTHER INCOME (source)	**$**		**New Total:**	**$**

FIVE YEAR WORK HISTORY	Yrs/Mnths
1st Previous:	/
2nd Previous:	/
3rd Previous:	/
4th Previous:	/
5th Previous:	/

CURRENT RESIDENCE	Yrs/Mnths
	/
Directions from here:	
LANDLORD: (Name and Number)	

Five Year Residence History (most recent first)	Yrs/Mnths
1st Previous:	/
2nd Previous:	/
3rd Previous:	/
4th Previous:	/
5th Previous:	/

EXPENSE WORKSHEET	UNDER WHOSE NAME?	PAYMENT AMOUNT	DAY DUE
Rent/Mortgage			
Food/Household Items			
TV/Internet			
Child Care/Support			
Loans/Credit Cards			
Other Car Payments			
Insurance Veh/Medical			
TOTAL EXPENSES			
Have you ever filed BK?	When?	What Type? 7___ 13___	

REFERENCE NAME	ADDRESS	PHONE#	RELATIONSHIP

The applicant whose signature appears below represent and warrant that: (1) The information provided was for the purpose of showing the ability to repay a loan extended for the purchase of a motor vehicle and to induce the creditor to make the loan. (2) The information provided is true and accurate to the best of your knowledge. (3) I authorize and instruct any person or consumer reporting agency to furnish to the creditor any information that it may have or obtain in response to such credit inquiries and agree that such information, along with this information, shall remain the creditors property whether or not credit is extended. (4) I authorize the Dealership and any affiliates to use the information provided herein for contact/collection purposes.

fghfg

Signature **Date**

Email Information to Idaho Auto Finance