



# SELECT WHEELS

757-422-1901 Phone

757-422-1971 Fax

DATE | |

VIRGINIA BEACH, VIRGINIA

## APPLICANT INFORMATION

Last Name		First		Initial		Maiden Name	
Social Security #	Birthdate	Age	Mr.	Mrs.	Ms.	Miss	Do you have a valid unrestricted driver's license? Y <input type="checkbox"/> N <input type="checkbox"/>
			(Optional)		<input type="checkbox"/> Sr.	If not, please explain why _____	
					<input type="checkbox"/> Jr.		
Do you currently have a car financed?		Y <input type="checkbox"/>	N <input type="checkbox"/>	With whom? _____			

## MILITARY INFORMATION

<input type="checkbox"/> Army	Rank	1. Discharge before ETS/EAOS Likely? YES <input type="checkbox"/> NO <input type="checkbox"/>	2. Any Article 15 or Flagging Action? YES <input type="checkbox"/> NO <input type="checkbox"/>	3. Court Martial action taken or pending? YES <input type="checkbox"/> NO <input type="checkbox"/>	4. Medical discharge pending? YES <input type="checkbox"/> NO <input type="checkbox"/>	5. Have check cashing privileges been revoked? YES <input type="checkbox"/> NO <input type="checkbox"/>	6. Previous occupation? _____ None	Buying Home (open mtg) <input type="checkbox"/>
<input type="checkbox"/> Navy								Own Home (free & clear) <input type="checkbox"/>
<input type="checkbox"/> Air Force	ETS/EAOS Date							Mobile Home <input type="checkbox"/>
<input type="checkbox"/> Marines	Date entered service							Live with relatives <input type="checkbox"/>
<input type="checkbox"/> Coast Guard								Live with grandparents <input type="checkbox"/>
<input type="checkbox"/> Reserves								Live with parents <input type="checkbox"/>
								Renting <input type="checkbox"/>
								Base Housing <input type="checkbox"/>
								Barracks <input type="checkbox"/>

Present Duty Station and Military Unit		Bldg#		Work Phone ( )		2nd work Phone ( )	
Commanding Officer			Phone ( )		Supervisor		Phone ( )
How long at present station		Are you pending Levy?		Expected transfer date:		New Duty Station, Unit (include complete address)	
Years	Months	Yes <input type="checkbox"/>	No <input type="checkbox"/>				
Current Residence - Street						Current Residence Phone ( )	
City			State			Zip	
How Long at Home of Record?		Home of Record (Street/City/State/Zip/Phone)			If current address is a ship or APO address, where will the car be stored?		
Years	Months						

<b>Family Status</b> <input type="checkbox"/> Married <input type="checkbox"/> Unmarried (Single, Widowed or Divorced) <input type="checkbox"/> Separated	Number of Children _____	<b>Relatives</b>	Applicant Mother	Address	Phone ( )
	Children's Ages _____		Applicant Father	Address	Phone ( )
	Amount Court ordered you to pay child support monthly \$ _____		Spouse Mother	Address	Phone ( )
			Spouse Father	Address	Phone ( )

Income	
Monthly Income	
Gross	_____
Base Pay	_____
BAQ	_____
VHA	_____
RATS	_____
Co-App	_____
Additional	_____
Totals	\$ _____
If you are rank E1 - E4 and receiving BAQ or BAS benefits please explain why? _____ _____	
Additional Income Source _____ _____	
How long _____	
Phone ( ) _____	
Alimony, child support and separate maintenance income are not considered as a basis for repaying this obligation.	

## Co-Applicant Information

Last Name		First		Initial		Maiden		Age	
Address/city/state/zip			Birthdate			Social Security #		Home Phone ( )	
Present Employer		Business Phone ( )		Previous Employer			Phone ( )		
Present Employer Address			Position		Previous Employer Address			Position	
Date of Hire		Time in Field		Date of hire		Termination date:			
Month	Year	Years	Years	Month	Year	Month	Year	Month	Year
Do you have a valid, unrestricted driver's license? Y <input type="checkbox"/> N <input type="checkbox"/> If not, please explain why _____									

## Bank Information

Name of Bank and Branch	
City/State	
Checking Account #	Phone ( )
Savings Account #	Date open
	Date open

## Credit Information

Mortgage Holder or Landlord's Name	Mortgage/Rent (include lot rent) \$ _____
Mortgage Holder or Landlord's Address	Phone ( )

PLEASE PRINT OR TYPE NEATLY

1. Have you ever declared Bankruptcy? <input type="checkbox"/> YES <input type="checkbox"/> NO 2. Chapter 7 or 13 _____ 3. Date Bankruptcy discharged or dismissed _____ 4. Have you ever had property repossessed? <input type="checkbox"/> YES <input type="checkbox"/> NO 5. Name of Repo Company? _____ 6. Month/year of Repo _____ 7. Have you ever had a mortgage foreclosure? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, date of foreclosure _____	<b>Creditor</b>	<b>Trade In?</b>	<b>Balance</b>	<b>Monthly Pmt</b>	<b>Allotment?</b>
	Auto Loan	Trading in? Y <input type="checkbox"/> N <input type="checkbox"/>	\$	\$	<input type="checkbox"/> Y <input type="checkbox"/> N
	AAFES or DPP Exchange		\$	\$	<input type="checkbox"/> Y <input type="checkbox"/> N
	Other Debt:		\$	\$	<input type="checkbox"/> Y <input type="checkbox"/> N
			\$	\$	<input type="checkbox"/> Y <input type="checkbox"/> N

**CONFIRMATION OF INFORMATION ACCURACY AND RELEASE OF AUTHORITY TO VERIFY**

I hereby certify that the information in this credit application is correct. I (we) authorize Security National Automotive Acceptance Corporation to investigate my (our) credit record(s). Also to verify the information given above including employment and income history from state records including state employment security agency records.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Date