

CONSUMER CREDIT APPLICATION

Dealer Name & City Marshall's RV Center's, Inc.	Dealer #.	Contact	Fax #	Telephone #
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APPLICANT

Name (First, Middle, Last)			Date of Birth	SS #	DL #
Address (Street) (City) (State) (Zip)			Time at Address Yrs. Mos.		Home Phone # ()
Previous Address (If at Current Address Less Than 3 Years)			Time at Previous Address Yrs. Mos.		
<input type="checkbox"/> Own <input type="checkbox"/> Rent	Mortgage or Rent \$	Approx Value of Home \$	Name of Mortgage Holder		Mortgage Balance \$
Name & Address of Current Employer		Position	Time With Employer Yrs. Mos.		Business # ()
Monthly Gross Income \$	Other Income \$	Previous Employer (If Less than 3 Yrs.)		Years There	Position
Self Employed Yrs. Mos.	* You do not have to reveal alimony, child support or separate maintenance income unless you wish to have them considered for approving your application.				Bankruptcy if "Yes" When <input type="checkbox"/> Yes <input type="checkbox"/> No
Checking Account With: Balance \$	Savings Account With: Balance \$		Other Cash Assets: <input type="checkbox"/> Money Market <input type="checkbox"/> CD <input type="checkbox"/> Stocks <input type="checkbox"/> Mutual Funds <input type="checkbox"/> IRA		
Check the Creditors You Have Accounts With: <input type="checkbox"/> MasterCard/Visa/Discover <input type="checkbox"/> Department Store <input type="checkbox"/> American Express/Diners <input type="checkbox"/> Finance Company (Please List)					
Value of All Assets Except Home \$		Total Monthly Payments All Debts Except Mortgage or Rent \$		Total Balance of all Debts Owed Except Mortgage \$	
Nearest Relative Not Living with You: (Name)		(Address)	(Telephone No.)		(Relationship)

CO-APPLICANT

Name (First, Middle, Last)			Date of Birth	SS #	DL#
Address (Street) (City) (State) (Zip)			Time at Address Yrs. Mos.		Self Employed Yrs. Mos.
Name & Address of Employer		Business Phone	Time w/employer Yrs. Mos.		Monthly Gross Income \$
Pos. w/current employer	* You do not have to reveal alimony, child support or separate maintenance income unless you wish to have them considered for approving your application.				Bankruptcy if "Yes" When <input type="checkbox"/> Yes <input type="checkbox"/> No

DESCRIPTION OF GOODS BEING PURCHASED

New / Used	Year	Manufacturer	Model	Type	Length	Dealer Invoice

Finance Terms Requested

Delivered Cash Price	Sales Tax	Cash Down	Official fees	Interest Rate	Term	Payment Amt.	Bankruptcy if "Yes" When <input type="checkbox"/> Yes <input type="checkbox"/> No
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TRADE-IN INFORMATION

Year	Manufacture	Model	Type	Length	Amt. Owed on Unit	Trade-In Allowance

I hereby affirm that the foregoing information is true and correct and made for the purpose of obtaining credit. I authorize you to obtain additional information from any source(s) and each source is hereby authorized to provide you with such information. I also grant you permission to obtain a credit report on me for all legitimate purposes in connection with this transaction. Such purposes include assisting in making a credit decision, reviewing my account and assisting in taking collection activity. This application, in any event, shall be and remain the property of the Lender, and is subject to the completion and acceptance of additional credit application documents prior to any approved extension of credit.

X
Applicant Signature _____ Date _____

X
Co-Applicant Signature _____ Date _____