

swapalease.com

World's LARGEST Lease Marketplace

Please fill out ALL the blanks on this form and fax it to 513-381-1091.

This application is for SAL ID# _____. This form is for swapalease New Lease, New Loan and Refinancing Programs. Each leasing company has their own forms. Contact swapalease.com 1-866-792-7669 to find what leasing company requirements are if you or the seller is unsure.

CREDIT APPLICATION <small>(DEALER USE ONLY)</small>	Purpose of Credit LOAN _____ LEASE _____	Amount Requested
A P P L I C A N T	First Name _____ Initial _____ Last Name _____ Birth Date _____ Social Security Number _____ Telephone _____	
	Current Address _____ City _____ State _____ Zip Code _____ Years _____	
	Home: Rent _____ Own _____ <small>(Check One)</small>	
	Previous Address _____ City _____ State _____ Zip Code _____ Years _____	
	Amount of Payment \$ _____	
	Current Employer (if retired, from what Company?) _____ Position _____ Years _____ Phone _____ Gross Income/Monthly _____	
	Previous Employer (if less than 3 years at current employer) _____ Position _____ Years _____ Phone _____ Gross Income/Monthly _____	
	Nearest Relative (Not Living With)	
	Name: _____ Relationship: _____ Phone: _____ Have you been declared bankrupt in the last 14 years? No ___ Yes ___ Date: _____	
	Address: _____ City _____ State _____ Other Income \$ _____ Source: _____ <small>Allimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.</small>	
Relationship to Applicant:		
C O : A P P L I C A N T	First Name _____ Initial _____ Last Name _____ Birth Date _____ Social Security Number _____ Telephone _____	
	Current Address _____ City _____ State _____ Zip Code _____ Years _____	
	Home: Rent _____ Own _____ <small>(Check One)</small>	
	Previous Address _____ City _____ State _____ Zip Code _____ Years _____	
	Amount of Payment \$ _____	
	Current Employer (if retired, from what Company?) _____ Position _____ Years _____ Phone _____ Gross Income/Monthly _____	
	Previous Employer (if less than 3 years at current employer) _____ Position _____ Years _____ Phone _____ Gross Income/Monthly _____	
	Nearest Relative (Not Living With)	
	Name: _____ Relationship: _____ Phone: _____ Have you been declared bankrupt in the last 14 years? No ___ Yes ___ Date: _____	
	Address: _____ City _____ State _____ Other Income \$ _____ Source: _____ <small>Allimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.</small>	

I represent that all information contained in this application for credit is true, complete, and correct. I authorize you, in determining my eligibility for credit, renewal of credit, and future credit extensions, to verify my employment, income, and all other information I have provided, and obtain information about me from credit bureaus, other creditors, employers, federal and state records (including state motor vehicle departments), and other third parties. I also authorize you to furnish to other persons, upon request, information concerning my credit and financial transactions or experiences with the bank.

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

Applicant _____ Date _____ Co-Applicant _____ Date _____