

# Mojo City

## Auto Sales

DO NOT WRITE ABOVE THIS LINE

CHECK BOX FOR JOINT ACCOUNT:  If you are applying for a joint account that you and another person will use, complete all sections, providing information in appropriate section below about the Joint Applicant or user. We intend to apply for joint credit:

Applicant \_\_\_\_\_

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

DATE \_\_\_\_\_

DEALER \_\_\_\_\_

### APPLICANT

### CO-APPLICANT/CO-SIGNER

First, Middle Initial, Last Name of Applicant				First, Middle Initial, Last Name of Co-Applicant/Co-Signer			
Date of Birth (Month, Day, Year)		Social Security Number		Date of Birth (Month, Day, Year)		Social Security Number	
Home Address- No. and Street (Apt number)			Home Telephone Number	Home Address- No. and Street (Apt number)			Home Telephone Number
City, State, Zip Code			Years There	City, State, Zip Code			Years There
County			No. of Dependents	County			No. of Dependents
Previous Home Address			Years There	Previous Home Address			Years There
e-mail Address		Cell Phone Number		e-mail Address		Cell Phone Number	
Drivers License #	State	Issued	Expiration	Drivers License #	State	Issued	Expiration
Firm Name or Employer			Business Telephone Number	Firm Name or Employer			Business Telephone Number
Address, City, State, Zip Code				Address, City, State, Zip Code			
Position	Years There	Salary	O Week O Month O Year	Position	Years There	Salary	O Week O Month O Year
Name and Address of Previous Employer				Name and Address of Previous Employer			
Position	Years There			Position	Years There		
Other Income (Give Source) Note: Alimony, child support, or separate maintenance income need not be revealed if you do not wish considered as a basis for repaying this obligation.				Other Income (Give Source) Note: Alimony, child support, or separate maintenance income need not be revealed if you do not wish considered as a basis for repaying this obligation.			
SOURCE	AMOUNT	O Week O Month O Year		SOURCE	AMOUNT	O Week O Month O Year	

Every statement I/we have made in this application is true and correct and has been made by me with the understanding that you will rely on it. I agree that if anything arises which changes any of the statements I have made, I will promptly tell you. You may request a credit report on me and if I ask, you will tell me the name and address of the consumer reporting agency that furnished it. If you update, renew or extend my loan, you may request a new credit report without telling me. NOTE: By signing this application, you will authorize both above dealer and Community Bank National Association/Community Bank Association DBA First Liberty Bank & Trust, to whom your Contract may be assigned, to check your credit. **Notice to Intent to Furnish Negative Credit Reporting Information:** We may report information about your account to credit bureaus. Late payments, missed payments, or other defaults on your account may be reflected in your credit report.

ARE YOU A U.S. CITIZEN?  YES  NO

ARE YOU A U.S. CITIZEN? YES  NO

1. \_\_\_\_\_  
SIGNATURE OF APPLICANT Date

2. \_\_\_\_\_  
SIGNATURE OF CO-APPLICANT/ CO-SIGNER Date