



Blankenship
Motors, Inc.

404-761-1159

APPLICATION FOR CUSTOMER CREDIT FROM DEALER

PERSONAL

| | | | |
|----------------|-------|------------------------------|-------|
| Applicant Name | _____ | Other Name Known By (Maiden) | _____ |
| Phone | _____ | Driver's License # | _____ |
| Cell Phone | _____ | State Licensed Issued | _____ |
| Date of Birth | _____ | Social Security # | _____ |
| Age | _____ | | |
| Street Address | _____ | House or Apartment ? | _____ |
| City | _____ | Own or Rent? | _____ |
| Zip Code | _____ | Monthly Payment Amount | _____ |
| How Long? | _____ | | |

VERIFICATION

(must go back 5 years)

| | | | |
|------------------|-------|---------------------|-------|
| Previous Address | _____ | Previous Address #2 | _____ |
| How Long? | _____ | How Long? | _____ |
| Landlord Name | _____ | Landlord Name | _____ |
| Phone # | _____ | Phone # | _____ |
| Present Employer | _____ | Previous Employer | _____ |
| Street Address | _____ | Street Address | _____ |

City _____
Phone _____
How Long? _____
Salary/Pay _____

City _____
Phone _____
How Long? _____

**** Co-Applicant (If Needed)**

Spouse/Sig Other ** _____
Social Security # ** _____
Home Phone _____
Cell Phone _____

Street Address _____
City _____
Zip Code _____
How Long? _____

Employer _____
Employer Phone _____
Employer Address _____

Salary/Pay _____
How Long? _____

REFERENCES

Applicant Father _____
Phone # _____
Full Address _____

Applicant Mother _____
Phone # _____
Full Address _____

Applicant Brother/Sister _____
Phone # _____
Full Address _____

Applicant Friend _____
Phone # _____
Full Address _____

**** Co-Applicant References (If Needed)**

Co-Applicant Father ** _____
Phone # _____
Full Address _____

Co-Applicant Mother ** _____
Phone # _____
Full Address _____

Co-Applicant Bro/Sis ** _____
Phone # _____
Full Address _____

Co-Applicant Friend ** _____
Phone # _____
Full Address _____

Computer Info

Applicant E-Mail _____

Co-Applicant E-Mail _____

ACKNOWLEDGEMENT

Applicant Signature _____

CO-Applicant Signature _____

Date _____

Date _____

Initial in Box if read FEEOA

Initial in Box if read FEEOA

PLEASE COMPLETE AND FAX TO 770-944-6511 or BRING TO OUR OFFICE.



404-761-1159