

**Adams Auto Sales, Inc.**  
 926 Apperson Way South  
 Kokomo, IN 46901

**Phone: 765-868-2343**  
**FAX: 765-868-2352**  
 Attention: Finance Department

**APPLICATION FOR CREDIT**

**Applicant**

Full Name		Birth Date	Social Security Number	
Home Address/City/State/ZIP			Years/Months	Home Phone
Own/Rent	Monthly Payment	Mortgage Co/Landlord		Mortgage Co/Landlord Phone
Previous Address/City/State/ZIP				Years/Months
Employer		Business Phone	Occupation	Years/Months
Gross Monthly Pay	Other income, income from alimony, child support, or separate maintenance payments need not be revealed if you do not choose to have it considered as a basis for repaying this obligation.		Source of Other Income	Other Income Amt.
Former Employer			Occupation	Years/Months
Bank With		Checking Account	Savings Account	
Previous Vehicle Financed With		Monthly Payment	Open/Closed	Trade In!

**Co-Applicant**

Full Name		Birth Date	Social Security Number	
Home Address/City/State/ZIP			Years/Months	Home Phone
Own/Rent	Monthly Payment	Mortgage Co/Landlord		Mortgage Co/Landlord Phone
Employer		Business Phone	Occupation	Years/Months
Gross Monthly Pay	Other income, income from alimony, child support, or separate maintenance payments need not be revealed if you do not choose to have it considered as a basis for repaying this obligation.		Source of Other Income	Other Income Amt.
Former Employer			Occupation	Years/Months

I (WE) CERTIFY THAT THE STATEMENTS CONTAINED HEREIN ARE TRUE AND THAT I (WE) ARE NOT LIABLE FOR DEBTS OTHER THAN SPECIFICALLY LISTED. THE LENDING INSTITUTION IS AUTHORIZED TO OBTAIN ANY INFORMATION WHICH IT DEEMS NECESSARY FOR APPROVAL INCLUDING THE ACQUISITION OF MY ENTIRE DRIVING RECORD KEPT BY THE BUREAU OF MOTOR VEHICLES, OR AS KEPT BY ANY OTHER ENTITY.

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

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

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Date