



CONSUMER LOAN APPLICATION

APPLICANT INFORMATION

Name (<i>first, middle & last</i>):		
Date of birth:	SSN:	Phone:
Current address:		
City:	State:	ZIP Code:
<input type="checkbox"/> Own <input type="checkbox"/> Rent (check one)	Monthly payment or rent: \$	How long?
Previous address (<i>if less than 2 years</i>):		
City:	State:	ZIP Code:
<input type="checkbox"/> Own <input type="checkbox"/> Rent (check one)	Monthly payment or rent: \$	How long?

APPLICANT EMPLOYMENT INFORMATION

Current Employer:		How long?
Position:	Phone:	Fax:
City:	State:	ZIP Code:
Annual Income: \$	Other Income: \$	Other \$ Source:
Previous Employer (<i>if less than 2 years</i>):		How long?
Position:	Phone:	Fax:
City:	State:	ZIP Code:
Annual Income: \$	Other Income: \$	Other \$ Source:
Name of a relative not residing with you:		Relationship:
Address:		Phone:

CO-APPLICANT INFORMATION, IF FOR A JOINT ACCOUNT

Name (<i>first, middle & last</i>):		
Date of birth:	SSN:	Phone:
Current address:		
City:	State:	ZIP Code:
<input type="checkbox"/> Own <input type="checkbox"/> Rent (check one)	Monthly payment or rent: \$	How long?
Previous address (<i>if less than 2 years</i>):		
City:	State:	ZIP Code:
<input type="checkbox"/> Own <input type="checkbox"/> Rent (check one)	Monthly payment or rent: \$	How long?

CO-APPLICANT EMPLOYMENT INFORMATION

Current Employer:		How long?
Position:	Phone:	Fax:
City:	State:	ZIP Code:
Annual Income: \$	Other Income: \$	Other \$ Source:
Previous Employer (<i>if less than 2 years</i>):		How long?
Position:	Phone:	Fax:
City:	State:	ZIP Code:
Annual Income: \$	Other Income: \$	Other \$ Source:
Name of a relative not residing with you:		Relationship:
Address:		Phone:

I hereby authorize Emerald Coast Marine, Inc. authority to pull my credit and share credit information with outside lenders to obtain financing related to this transaction. I attest that the information provided within this application is accurate to the best of my knowledge.

Signature of Applicant	Date
Signature of Co-Applicant	Date