

Signalending LLC
 1216 Hartford Tpke., Suite D
 Vernon, CT 06066
 PH: 860-454-8114
 FAX: 866-733-4209
 PLEASE WRITE LEGIBLY

Signalending LLC Credit Application

_____	_____
Dealer Name	Email
_____	_____
Phone	Fax Number

Applicant

First Name _____ Initial _____ Last Name _____ Suffix _____
 SSN _____--_____-_____-_____- DOB ____/____/____ Street Address _____
 City _____ ST _____ Zip _____ US Citizen Yes No
 Email _____ Cell Phone _____ Home Phone _____
 Time at Residence- Years _____ Months _____ Rent Own (please circle) Monthly Amt. _____

Employment

Employer _____ Phone _____ Contact Name _____
 Address _____ City _____ ST _____ Zip _____
 Occupation _____ GROSS Monthly Income _____ Time on job Years _____ Months _____
Previous Employment if current employer is less than 1 year:
 Previous Employer _____ Employer _____ Contact Name _____
 Occupation _____ GROSS Monthly Income _____ Time on Job Years _____ Months _____

Co-Applicant

First Name _____ Initial _____ Last Name _____ Suffix _____
 SSN _____--_____-_____-_____- DOB ____/____/____ Street Address _____
 City _____ ST _____ Zip _____ US Citizen Yes No
 Email _____ Cell Phone _____ Home Phone _____
 Time at Residence- Years _____ Months _____ Rent Own (please circle) Monthly Amt. _____

Employment

Employer _____ Phone _____ Contact Name _____
 Address _____ City _____ ST _____ Zip _____
 Occupation _____ GROSS Monthly Income _____ Time on job Years _____ Months _____
Previous Employment if current employer is less than 1 year:
 Previous Employer _____ Employer _____ Contact Name _____
 Occupation _____ GROSS Monthly Income _____ Time on Job Years _____ Months _____

I hereby authorize you or any credit bureau or other investigation agency to investigate any company given by me or statements or other data obtained from me or any other person pertaining to my credit and financial responsibility. I also authorize you to furnish other persons, upon request, information concerning my credit and financial transactions or experiences with bank. I represent that all other information contained in this application for credit is true, complete and correct. I have listed all my debts on this application and understand that the bank will rely on the truth of the foregoing statements in credit to me. I consent to receive autodialed, pre-recorded and artificial voice telemarketing and sales calls, emails and text messages from or on behalf of dealer (or any financing source to which dealer assigns my contract) at the telephone numbers/email addresses provided in this credit application including any cell numbers. I understand this consent is not a condition of purchase or credit.

Applicant _____ Date _____ Co-Applicant _____ Date _____

Vehicle Information

Year _____ Make _____ Model _____ Mileage _____

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Cash Price _____	Reg. Fee _____	Warranty _____
Doc Fee _____	Trade Allow. _____	Gap Ins. _____
Tax _____	Trade Payoff _____	AMOUNT FINANCED
	Cash Down _____	

Payoff Company Name _____

Trade Info: Year _____ Make _____ Model _____ Miles _____