

# MB AUTOMOTIVE

PERFORMANCE SPECIALIST



## CREDIT APPLICATION

PLEASE FAX YOUR APPLICATION TO 954-942-4269

### PRIMARY APPLICANT

NAME  
 ADDRESS  
 CITY  
 STATE Select One  
 ZIP  
 HOME PHONE  
 CELL PHONE  
 EMAIL  
 TIME AT ADDRESS Select One  
 TYPE OF RESIDENCE Select one  
 SOCIAL SECURITY #  
 DATE OF BIRTH

### EMPLOYMENT INFORMATION

EMPLOYER  
 OCCUPATION  
 TYPE OF PAY Select one  
 START DATE  
 MONTHLY INCOME  
 WORK PHONE  
 HR DEPT/BOSS NAME

### DEBT INFORMATION

RENT/MORTGAGE PAYMENT  
 CREDIT CARD BILLS PAYMENT

### VEHICLE INFORMATION

Please describe the vehicle you are looking for. Our system will match you to the best available vehicle and finance programs available.

YEAR Select one  
 MAKE Select one  
 MODEL  
 COLOR  
 TRANSMISSION Select one

By signing you are stating that all of the information provided is factual. You are the primary applicant and the primary user of the vehicle for which you are applying credit for. You authorize MB AUTOMOTIVE to run a credit check and verify the information provided. You also agree to allow MB AUTOMOTIVE to submit your credit application to its lending institutions and dealer networks for approval and that those lenders and automotive dealers can verify the information provided. PRIVACY OF YOUR INFORMATION MB AUTOMOTIVE does not sell or provide your information to third party advertisement or marketing groups. MB AUTOMOTIVE only uses your information in conjunction with this credit application to obtain a credit approval with its lenders and its partner auto dealers and financial institutions.

APPLICANT SIGNATURE \_\_\_\_\_