Consumer Credit Application

2200 E Washington Street, Phoenix, AZ 85034
Toll Free: 888-470-8039 Phone: (602) 244-1450 Fax: (602) 244-1013
boatinfo@kachinaboats.com

Applicant

First Name:	Middle:	Last:	Home Phone: ( ) -

Birthdate: / /	SSN#: - -	Mobile Phone: ( ) -	Fax: ( ) -	E-Mail Address:

Present Address:	City:	State:	Zip Code:

U.S. Citizen: Yes___ No____	Time At Residence: Years_____ Months_____	Renting_____ Buying_____ Own Free and Clear_____ Other_____	Rent or Mortgage Payment: $

Previous Address: (If Less Than 5 Years)	City:	State:	Zip Code:	Time At Residence

Name of Closest Relative Not Living With You:	Relationship:	Phone Number: ( ) -	City:	State:	Zip:

Present Employer (If Self-Employed Please List Business Name):	City:	State:	Zip Code:	Phone Number: ( ) -

Gross Monthly Income (Before Taxes) $	Occupation or Job Title (If Military, List Rank)	Time At Job: Years_____ Months_____	Previous Employer (If Less Than 2 Years)

Previous Job Title:	Time At Job: Years____ Months____	Source of Additional Income:	Additional Annual Income Gross $

Co-Applicant

First Name:	Middle:	Last:	Home Phone: ( ) -

Birthdate: / /	SSN#: - -	Mobile Phone: ( ) -	Fax: ( ) -	E-Mail Address:

Present Address:	City:	State:	Zip Code:

U.S. Citizen: Yes___ No____	Time At Residence: Years_____ Months_____	Renting_____ Buying_____ Own Free and Clear_____ Other_____	Rent or Mortgage Payment: $

Previous Address: (If Less Than 5 Years)	City:	State:	Zip Code:	Time At Residence

Name of Closest Relative Not Living With You:	Relationship:	Phone Number: ( ) -	City:	State:	Zip:

Present Employer (If Self-Employed Please List Business Name):	City:	State:	Zip Code:	Phone Number: ( ) -

Gross Monthly Income (Before Taxes) $	Occupation or Job Title (If Military, List Rank)	Time At Job: Years_____ Months_____	Previous Employer (If Less Than 2 Years)

Previous Job Title:	Time At Job: Years____ Months____	Source of Additional Income:	Additional Annual Income Gross $

Please answer the following questions to expedite the loan process:

1) How much money do you anticipate using as a down payment (not including the trade allowance)? $_____
2) Whom should we contact with the details of the loan? Applicant_____ Co-Applicant_____
3) Where should we contact you? Home____ Work_____ Mobile_____ E-Mail_____
4) When do you anticipate delivery? _____
5) Previous Owned Boats? (If Several, list largest)_____

Federal law required the creditor to obtain, verify and record information that identifies me (us) when I (we) open an account. The creditor will use my (our) name, address, and other information for this purpose.

Evidenence of physical damange insurance on the collateral securing the laon you seek is required prior to closing. By submitting this application, you are authorizing us to disclose information contained in your application to an insurance carrier soloely for the purpose of providing you with a premium quote for such insurance. You are, however, under no obligation whatsoever to purhcase insurance from the insurance carrier providing the quote. If you do not want us to disclose personal information from your application to an insurnance carrier in order to provide you with a quote please place your intitials on this line:_____

* Alimony, child support or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.

SIGNATURES: I (we) authorize Kachina Power Boats to obtain any information pertaining to my (our) trade payoff from the lender. I (we) certify that everything stated in this application and on any attachments is true and correct. Kachina Power Boats and any participating lender may keep this applicaion whether or not it is approved. By signing below I (we) authorize Kachina Power Boats and any participating lender to check my credit and employment history and to obtain a consumer report in connection with this application or in connection with additional approval, externsions or collections of credit. I (we) understand that I (we) must update application information if my financial condition changes prior to closing of the loan. Upon request I (we) will be informed whether or not a consumer report was requested and if so the name and address of the agency that furnished such report.

Applicant Signature **Date**

Co-Applicant Signature **Date**

PLEASE FAX OR E-MAIL COMPLETED FORM TO (602) 244-1013 OR BOATINFO@KACHINABOATS.COM