AUTHORIZED RESOURCES LTD.
MAJOR VEHICLE EXCHANGE

5000 Brush Hollow Rd., Westbury, NY 11590 • Phone (516) 333-7483 • Fax (516) 333-8913 • www.getanybus.com

Type of Application	Dealership Name
☐ Retail Installment ☐ Long -Term Lease ☐ Consumer ☐ Business	

VEHICLE INFORMATION:

Salesman	Contact/Call Back	Year	Make	☐ New ☐ Used ☐ Demo	Model	Mileage

LEASE INFORMATION:	MSRP $	Cap. $	Trade in or Down Pmt. $	Term	Residual $	Mo. Payment $

RETAIL INSTALLMENT INFORMATION:	Sales Price $	Sales Tax $	Down Payment $	Trade In $	Amount Financed $

A. INFORMATION REGARDING APPLICANT:

Full Name	Date of Birth	Social Security Number	E-Mail Address	Home Phone ( )

Current Address Street City State	Zip Code	How Long? Yrs. Mos.	Yrs. in Community

Previous Address (Min. 5 yr. history—use addl. sheets if necessary)	Zip Code	How Long? Yrs. Mos.	Occupation

Employer Name (Min. 3 yr. history—use addl. sheets if necessary)	How Long? Yrs. Mos.	Nature of Business

Business Address	Self Employed ☐ Yes ☐ No	Business Phone ( )

Gross Monthly Income $	Source of Other Income (Optional) (Alimony, Child Support, Maintenance)	Amount $	Total Gross Monthly Income $

Previous Employer Name, City, State	Phone ( )	How Long? Yrs. Mos.	Job Title

Nearest Relative Not Living With You (Full Address)	Phone ( )	Relationship

Personal Reference (Full Address)	Phone ( )

B. INFORMATION REGARDING JOINT APPLICANT, SPOUSE OR OTHER PERSONS:

Full Name	Date of Birth	Social Security Number	E-Mail Address	Home Phone ( )

Current Address Street City State	Zip Code	How Long? Yrs. Mos.	Occupation

Previous Address (Min. 5-yr. history—use addl. sheets if necessary)	Zip Code	How Long? Yrs. Mos.	Business Phone ( )

Employer Name (Min. 3-yr. history—use addl. sheets if necessary	How Long? Yrs. Mos.	Nature of Business

Business Address	Self Employed ☐ Yes ☐ No	Relationship to the Applicant (if any)

Gross Monthly Income $	Source of Other Income (Optional) (Alimony, Child Support, Maintenance)	Amount $	Total Gross Monthly Income $

Previous Employer Name, City, State	Phone ( )	How Long? Yrs. Mos.	Occupation

C. PERSONAL FINANCIAL INFORMATION: ALL LOANS, LEASES AND OTHER OBLIGATIONS (INCLUDING ALIMONY, CHILD SUPPORT, MAINTENANCE)

Residence ☐ Own ☐ Rent ☐ With Parents	Lien holder or Landlord Name	Account No.	Original Balance $	Balance Owing $	Mo. Payment $
	Address	Contact	Phone ( )		Mkt. Value $
Name and Account No.	Address		$	$	$
Name and Account No.	Address		$	$	$

Previous Vehicle Was ☐ Leased ☐ Purchased	Name of Lessor of Financing Creditor	Branch No.	City, State	Account No.	Original Balance	☐ Open ☐ Paid ☐ Trade

Checking	Name	Branch	Phone ( )	Account No.	Balance $
Saving/ Money Mkt. ☐ ☐	Name	Branch	Phone ( )	Account No.	Balance $

Have You Ever Obtained Credit Under a Different Name? ☐ Yes ☐ No (List Name & Address)	Have you Ever Filed Bankruptcy? ☐ Yes ☐ No Date_____

Account Name	Address	Phone ( )

D. BUSINESS APPLICANT:

Firm Name	Nature of Business	Yrs. in Business

Current Address	City	State	Zip	# Years

Previous Address	City	State	Zip	# Years

Business Phone ( )	Name and Address of Parent Company

Corporation	Partnership	Proprietorship	Date of Incorporation	State of Incorporation	D&B Rating

Business Checking Bank:	Address	Account Number

Phone ( )	Contact or Bank Officer	Type of Account	Date Opened

Officers/Principals Name	Address	Title

Name	Address	Title

Trade Ref. (1)	Trade Ref. (2)

LIST ALL OPERATORS IN ORDER OF MOST FREQUENT USE:	% of Vehicle Use	Birth Date Mo.	Day	Yr.	Operator's License Number	State	Years Licensed

Garaging Address If Other Than Residence	Number & Street	City	State	Zip	Phone No. ( )

CONSUMER REPORT: ALL THE INFORMATION GIVEN ON THIS APPLICATION IS TRUE, CORRECT AND COMPLETE. THIS APPLICATION FOR CREDIT MAY BE SUBMITTED BY AUTHORIZED RESOURCES LTD. OR ITS AFFILIATES OR SUBSIDIARIES (THE "CREDITOR") TO VARIOUS FINANCIAL INSTITUTIONS FOR CONSIDERATION, OR TO ANY ASSIGNEES OF THE CREDITOR SUCH AS FINANCIAL INSTITUTIONS. I UNDERSTAND THAT THE CREDITOR AND SUCH OTHER FINANCIAL INSTITUTIONS AND/OR ASSIGNEES WILL RELY ON THIS APPLICATION IN DECIDING WHETHER TO GRANT THE REQUESTED CREDIT AND WILL RETAIN THIS APPLICATION WHETHER OR NOT IT IS APPROVED. I AUTHORIZE THE CREDITOR AND SUCH OTHER FINANCIAL INSTITUTIONS AND/OR ASSIGNEES TO CHECK MY CREDIT AND EMPLOYMENT HISTORY. I UNDERSTAND THAT A CONSUMER CREDIT REPORT MAY BE OBTAINED FROM ONE OR MORE CREDIT REPORTING AGENCIES (CREDIT BUREAUS) IN CONNECTION WITH THIS APPLICATION OR IN CONNECTION WITH ANY UPDATES, RENEWALS OR EXTENSIONS OF ANY CREDIT GRANTED AS A RESULT OF THIS APPLICATION UPON REQUEST. THE CREDITOR AND/OR SUCH OTHER FINANCIAL INSTITUTIONS AND/OR ASSIGNEES WILL TELL ME WHETHER OR NOT A CONSUMER CREDIT REPORT WAS OBTAINED AND FURNISH ME WITH THE NAME AND ADDRESS OF THE CONSUMER REPORTING AGENCY. I ALSO AUTHORIZE THE CREDITOR AND/OR SUCH OTHER FINANCIAL INSTITUTIONS AND/OR ASSIGNEES TO GIVE INFORMATION ABOUT THIS CREDIT APPLICATION AND ITS CREDIT EXPERIENCE WITH ME TO OTHERS.

Signature of Primary or Business Applicant	Date	Signature of Co-Applicant or Guarantor	Date

SUBMIT