

## First RV • Credit Application

Please print and fill out in full and fax to our office at 830-609-6674. Thank you.

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ST. \_\_\_\_\_ ZIP: \_\_\_\_\_ HOW LONG: \_\_\_\_\_ yrs OWN? Y or N

DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_. SOCIAL SECURITY NO. \_\_\_\_/\_\_\_\_/\_\_\_\_

PRESENT EMPLOYER? \_\_\_\_\_ HOW  
LONG \_\_\_\_\_ yrs.

ADDRESS? \_\_\_\_\_ CITY? \_\_\_\_\_ ST. \_\_\_\_\_  
ZIP? \_\_\_\_\_

PHONE? \_\_\_\_\_ HOME \_\_\_\_\_ WORK \_\_\_\_\_

INCOME: \_\_\_\_\_ WORK \_\_\_\_\_ OTHER SOURCE \_\_\_\_\_

NEAREST RELATIVE \_\_\_\_\_ ADDRESS \_\_\_\_\_  
PHONE \_\_\_\_\_

HAVE YOU DECLARED BANKRUPTCY? Y OR N

The information on this statement is for the purpose of obtaining credit and is certified to be true and correct. I agree that inquiries may be made to verify statements. I agree that this application shall remain the property of the finance institution whether the loan is granted or not this information may be transferred to other statements as needed

APPLICANTS SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_