

CREDIT APPLICATION

IMPORTANT:READ THESE DIRECTIONS BEFORE COMPLETING THIS APPLICATION.



CHECK Individual Application, no co-signer
 APPROPRIATE Married, Community Property
 BOX Joint Application for credit with another person.

(Purchase/Lease)

NOTE:APPLICANT, IF MARRIED MAY APPLY FOR A SEPARATE ACCOUNT.

SELLER	STOCK NO.	COLOR	DATE	AMOUNT REQUESTED
				\$

SECTION A.Information Regarding Applicant:

LAST NAME(PRINT)	FIRST	BIRTH DATE	DRIVERS' LICENSE NO	SOCIAL SECURITY NUMBER	MARITAL STATUS			
ADDRESS	CITY	STATE	ZIP	HOME PHONE	HOW LONG? YRS MOS			
ADDRESS	CITY	STATE	ZIP	HOW LONG?	HOW LONG IN COMMUNITY?			
ADDRESS	CITY	STATE	ZIP	HOW LONG?	HOW LONG IN COMMUNITY?			
OCCUPATION:	EMPLOYER:	ADDRESS	CITY	STATE	ZIP	PHONE	EXT	HOW LONG? YRS MOS
PREVIOUS EMPLOYER(TO COVER 5 YEAR HISTORY	ADDRESS	CITY	STATE	ZIP	PHONE	EXT	YRS	MOS
PREVIOUS EMPLOYER	ADDRESS	CITY	STATE	ZIP	PHONE	EXT	YRS	MOS
NEAREST RELATIVE	ADDRESS	CITY	STATE	ZIP	HOME PHONE	RELATION	HOW LONG?	

INCOME:

APPLICANTS GROSS MONTHLY INCOME FROM EMPLOYER _____ \$

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. _____ \$

ALIMONY, CHILD SUPPORT, SEPARATE MAINTENANCE RECEIVED UNDER COURT ORDER__ AGREEMENT__ VERBAL__ AMOUNT _____ \$

AMOUNT OF OTHER INCOME AND LIST THE SOURCE _____ \$

TOTAL MONTHLY INCOME _____ \$

SECTION B: Regarding Spouse, or Co-Applicant(Use separate sheets if necessary)

LAST NAME(PRINT)	FIRST	BIRTH DATE	DRIVERS' LICENSE NO	SOCIAL SECURITY NUMBER	MARITAL STATUS			
ADDRESS	CITY	STATE	ZIP	HOME PHONE	HOW LONG? YRS MOS			
ADDRESS	CITY	STATE	ZIP	HOW LONG?	HOW LONG IN COMMUNITY?			
ADDRESS	CITY	STATE	ZIP	HOW LONG?	HOW LONG IN COMMUNITY?			
OCCUPATION:	EMPLOYER:	ADDRESS	CITY	STATE	ZIP	PHONE	EXT	HOW LONG? YRS MOS
PREVIOUS EMPLOYER(TO COVER 5 YEAR HISTORY	ADDRESS	CITY	STATE	ZIP	PHONE	EXT	YRS	MOS
PREVIOUS EMPLOYER	ADDRESS	CITY	STATE	ZIP	PHONE	EXT	YRS	MOS
NEAREST RELATIVE	ADDRESS	CITY	STATE	ZIP	HOME PHONE	RELATION	HOW LONG?	

INCOME:

APPLICANTS GROSS MONTHLY INCOME FROM EMPLOYER _____ \$

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. _____ \$

ALIMONY, CHILD SUPPORT, SEPARATE MAINTENANCE RECEIVED UNDER COURT ORDER__ AGREEMENT__ VERBAL__ AMOUNT _____ \$

AMOUNT OF OTHER INCOME AND LIST THE SOURCE _____ \$

TOTAL MONTHLY INCOME _____ \$

GQ Auto Services-400 Corporate Pointe, Suite 300-Culver City, CA. 90230-Tel 773-3088-Fax 310-695-6858

SECTION C: ASSET AND DEBT INFORMATION:

LIST ALL DEBTS INCLUDING ALIMONY, CHILD SUPPORT, SEPARATE MAINTENANCE;(USE A SEPARATE PAGE IF NECESSARY)

(IF SECTION B HAS BEEN COMPLETED, THIS SECTION SHOULD BE COMPLETED GIVING INFORMATION ABOUT BOTH THE APPLICANT AND JOINT APPLICANT OR OTHER PERSON. PLEASE MARK APPLICANT RELATED INFORMATION WITH AN

A: IF SECTION B WAS NOT COMPLETED, ONLY GIVE INFORMATION ABOUT THE APPLICANT IN THIS SECTION.)

MORTGAGE CO, RENTAL CO, OR LANDLORD	ADDRESS	CITY	STATE	ZIP	ACCOUNT	BALANCE	PAYMENT PER MONTH
						\$	\$

DATE HOME PURCHASED	AGE OF HOME	PRICE PAID	MARKET VALUE	2ND MORTGAGE PAYMENT
		\$	\$	\$

TYPE OF CREDIT	COMPANY NAME	ACCOUNT #	ADDRESS	CITY	STATE	ZIP	BALANCE	PAYMENT
							\$	\$

TYPE OF CREDIT	COMPANY NAME	ACCOUNT#	ADDRESS	CITY	STATE	ZIP	BALANCE	PAYMENT
							\$	\$

PRESENT VEHICLE FINANCED BY	COMPANY NAME	ACCOUNT#	ADDRESS	CITY	STATE	ZIP	BALANCE	PAYMENT
							\$	\$

PRESENT VEHICLE FINANCED BY	COMPANY NAME	ACCOUNT#	ADDRESS	CITY	STATE	ZIP	BALANCE	PAYMENT
							\$	\$

BANK REFERENCE	ACCOUNT #	ADDRESS	CITY	STATE	ZIP	PHONE	CHECKING	SAVINGS
							\$	\$

BANK REFERENCE	ACCOUNT #	ADDRESS	CITY	STATE	ZIP	PHONE	CHECKING	SAVINGS
							\$	\$

HAVE YOU HAD ANY PROPERTY REPOSSESSED?	DO YOU HAVE ANY LAWSUITS PENDING AGAINST YOU?	HAVE YOU EVER FILED BANKRUPTCY?	ARE YOU CONSIDERING BANKRUPTCY?
YES NO	YES NO	YES NO	YES NO

ARE YOU IN THE MILITARY?	ACTIVE? INACTIVE?
YES NO	YES NO

PERSONAL FRIENDS KNOWN OVER ONE YEAR	PLEASE PRINT FULL NAME ADDRESS, CITY, STATE, ZIP AND PHONE NUMBER
NAME	ADDRESS CITY STATE ZIP PHONE RELATION

-
-
-
-
-

I, the undersigned(1)make the above representations, which are certified correct, for the purpose of securing credit(2)authorize financial institutions to obtain consumer credit reports on me periodically and to gather employment history as they consider necessary and appropriate;(3)authorize your affiliates to obtain consumer credit reports on me;(4) authorize financial institutions, affiliates, and others to exchange information about me and (5)Understands, that we or any financial institution to whom it is submitted will retain this application whether or not it is approved and that it is the applicant's responsibility to notify the creditor of any changes of name, address or employment.

The financial institutions named below may be requested to purchase a sales finance contract written, in connection with your purchase. You are notified pursuant to the Fair Credit Reporting Act, that your application may be submitted to them or to other financial institutions.

FINANCIAL INSTITUTION(S)

ADDRESS

PURCHASER HEREBY ACKNOWLEDGES RECEIPT OF A COPY OF THIS CREDIT STATEMENT.

X APPLICANT SIGNATURE **X** CO APPLICANT SIGNATURE

GQ Auto Services-400 Corporate Pointe, Suite 300-Culver City, CA. 90230-Tel 773-3088-Fax 310-695-6858