



**A. FINANCE AND VEHICLE INFORMATION**

Type of Contract <input type="checkbox"/> Lease <input type="checkbox"/> Purchase	Location <input type="text"/>	Representative's Name	Phone	Contact Method
<b>CONTRACT FINANCE INFORMATION</b>	MSRP \$	Selling Price \$	Cash Down \$	Net Trade In \$
	Other Charges \$	Amount Financed \$	Term	Monthly Payment \$
<b>VEHICLE INFORMATION</b>	Year <input type="checkbox"/> New <input type="checkbox"/> Used	Make	Model	Mileage
<b>TRADE IN INFORMATION</b>	Year	Make	Model	Mileage

**B. PRIMARY PERSONAL INFORMATION**

PERSONAL	Social Security Number	Last Name	First Name	Middle Initial	Jr. / Sr.
	Date of Birth	Home Phone	E-Mail		
	Present Address	City	State	Zip	County How Long? Yrs. Mos.
	Previous Address	City	State	Zip	County How Long? Yrs. Mos.
INFO	Closest Relative Not Living With You - Last Name		First Name	Home Phone	
	Address		City	State	
EMPLOYMENT	Employer Name	Employer Phone	Years of Service Yrs. Mos.	Occupation	
	Employer Address	City	State	Zip	Gross Annual \$
	Previous Employer	Employer Phone	Years of Service Yrs. Mos.	Occupation	
	Other Annual Income \$	Source of Annual Income <small>(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 the obligation.)</small>			Self Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No
ED	Education Background Highest Level		<input type="checkbox"/> High School	<input type="checkbox"/> 2 Yr. College	<input type="checkbox"/> 4 Yr. College <input type="checkbox"/> Graduate
FINANCIAL	Residence <input type="checkbox"/> Mortgage <input type="checkbox"/> with Relatives <input type="checkbox"/> Renting <input type="checkbox"/> Own Free & Clear		Monthly Payment \$	Personal Finance <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
	Have you Ever Obtained Credit Under a Different Name? <input type="checkbox"/> No <input type="checkbox"/> Yes			Have you ever Filed Bankruptcy? <input type="checkbox"/> No <input type="checkbox"/> Yes Date	

**C. COMMENTS**

<input type="checkbox"/> No <input type="checkbox"/> Yes	Waive Security Deposit per Program (include acct. # or VIN in Comments)	Additional Comments:
<input type="checkbox"/> No <input type="checkbox"/> Yes	Waive Security Deposit with Rate Adder	
<input type="checkbox"/> No <input type="checkbox"/> Yes	Certified Pre-Owned	
<input type="checkbox"/> No <input type="checkbox"/> Yes	Foreign National (Fax Foreign National Check List)	
<input type="checkbox"/> No <input type="checkbox"/> Yes	College Grad Program	



*Black Scale*  
motorsports

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**D. CO - APPLICANT PERSONAL INFORMATION**

P E R S O N A L	Social Security Number		Last Name		First Name			Middle Initial	Jr. / Sr.
	Date of Birth		Home Phone		E-Mail				
	Present Address		City	State	Zip	County	How Long? Yrs.      Mos.		
	Previous Address		City	State	Zip	County	How Long? Yrs.      Mos.		
	Closest Relative Not Living With You - Last Name			First Name			Home Phone		
I N F O	Address			City			State		
	Employer Name		Employer Phone		Years of Service Yrs.      Mos.		Occupation		
	Employer Address		City	State	Zip	Gross Annual \$			
E M P L O Y M E N T	Previous Employer		Employer Phone		Years of Service Yrs.      Mos.		Occupation		
	Other Annual Income \$		Source of Annual Income <small>(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 the obligation.)</small>				Self Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
ED	Education Background Highest Level		<input type="checkbox"/> High School	<input type="checkbox"/> 2 Yr. College	<input type="checkbox"/> 4 Yr. College	<input type="checkbox"/> Graduate			
F I N A N C I A L C O E	Residence <input type="checkbox"/> Mortgage <input type="checkbox"/> with Relatives <input type="checkbox"/> Renting <input type="checkbox"/> Own Free & Clear			Monthly Payment \$		Personal Finance <input type="checkbox"/> Checking <input type="checkbox"/> Savings			
	Have you Ever Obtained Credit Under a Different Name? <input type="checkbox"/> No <input type="checkbox"/> Yes				Have you ever Filed Bankruptcy? <input type="checkbox"/> No <input type="checkbox"/> Yes    Date				

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