



Loan type:  New Vehicle \_\_\_\_\_ (type)  Used Vehicle \_\_\_\_\_ (type)  Other \_\_\_\_\_ (type)  
Auto, Boat, RV, Motorcycle Auto, Boat, RV, Motorcycle

Amount requested (leave blank if you want to be qualified for the maximum) \$ \_\_\_\_\_

1. APPLICANT			
Please attach a copy of your most recent pay stub. If self-employed, attach 2 years' completed federal tax returns.			
Name (please print)			Member number
Home phone number ( )	Work phone number ( )	E-mail address	Social Security number
Street address, city, state, ZIP code			Date of birth
Check one <input type="checkbox"/> Own/buying <input type="checkbox"/> Rent <input type="checkbox"/> Other _____			Number of dependents
Property value (if you own or are buying your home) \$ _____		Monthly rent or mortgage payment \$ _____	
Employer's name		Annual income \$ _____	Job title
Employer's address, city, state, ZIP code			Date of hire
Supervisor's name	Other income* \$ _____ per month How long _____		Source of other income*
Length of time with previous employer (if less than 36 mos. at current employer)	*(Alimony, child support, separate maintenance payments need not be revealed if you do not wish to have it considered as income.)		Are you a U.S. citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO
Name of nearest relative with whom you are not living		Relationship of relative	Nearest relative's phone number ( )
Nearest relative's address, city, state, ZIP code			
2 JOINT APPLICANT or CO-SIGNER			
Please attach a copy of your most recent pay stub. If self-employed, attach 2 years' completed federal tax returns.			
Name (please print)			Member number
Home phone number (if different from Applicant) ( )	Work phone number ( )	E-mail address	Social Security number
Street address, city, state, ZIP code (if different from Applicant)			Date of birth
Check one <input type="checkbox"/> Own/buying <input type="checkbox"/> Rent <input type="checkbox"/> Other _____			Number of dependents
Property value (if you own or are buying your home) \$ _____		Monthly rent or mortgage payment \$ _____	
Employer's name		Annual income \$ _____	Job title
Employer's address, city, state, ZIP code			Date of hire
Supervisor's name	Other income* \$ _____ per month How long _____		Source of other income*
Length of time with previous employer (if less than 36 mos. at current employer)	*(Alimony, child support, separate maintenance payments need not be revealed if you do not wish to have it considered as income.)		Are you a U.S. citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO
Name of nearest relative with whom you are not living		Relationship of relative	Nearest relative's phone number ( )
Nearest relative's address, city, state, ZIP code			
3. Vehicle Insurance Agreement/Information (if applicable)			
You agree to maintain adequate insurance coverage throughout the term of the loan to include comprehensive and a maximum \$500 deductible collision insurance. You understand that if you change insurance providers, SECU must be notified and listed as the Loss Payee.			
Insurance Carrier _____		Policy No. _____	
Agent _____		Agent's Phone No. (_____) _____	

**4 Loan Insurance Option –  
Payment Protection on Loans**

I am interested in this coverage.  Yes  No

Insurance on vehicle loans is calculated separately with different age eligibility requirements. Call a loan officer for details.

**5 Mechanical Breakdown  
Insurance for Vehicles**

I am interested in Mechanical Breakdown Insurance (Extended Warranty for vehicles). Please have a Security Financial Group, Inc. representative call me about a no-obligation quote.

Yes  No

**6. Application Agreement**

You agree that everything stated in this application, whether oral, written or through facsimile (fax) machine, is true and correct to the best of your knowledge. You expressly authorize State Employees Credit Union of Maryland, Incorporated (SECU) or its agent to investigate your creditworthiness, employment history (work record) or any other information, and to obtain your credit report now and hereafter and to report your credit experience with us to others.

If you elected automatic loan payments, you authorize SECU to adjust the withdrawal amount to reflect any periodic changes (if applicable) in your loan payment; you understand that you must make loan payments until the automatic payment begins. If you elected direct loan payments, you agree that you are responsible and hold SECU harmless for all fees assessed as a result of this agreement. The direct loan payment authorization is to remain in full force and effect until SECU has received written notification from you (or from any owner of the account) of its termination in such time and in such manner as to afford SECU and/or the Depository Financial Institution a reasonable opportunity to act on it. The vehicle insurance agreement is incorporated herein by reference.

You understand that any false or misleading statements in your application may cause the loan to be in default. You understand that it is a federal crime, punishable by fine or imprisonment or both, to knowingly make any false statements of any of the above facts under the provisions of the United States Criminal Code. **If there are any important changes, you will notify us in writing immediately. You agree to notify SECU of any change in your name, address or employment within a reasonable time thereafter.** You agree that this application is the credit union's property whether or not this credit application is approved. As security for any advance to you or on your behalf, you pledge to the credit union all present and future shares or deposits you have in any account in the credit union in which you have an interest, excepting those accounts that may have an adverse tax consequence.

**X** \_\_\_\_\_ (Seal)  
Applicant's signature Date

**X** \_\_\_\_\_ (Seal)  
Joint Applicant's/Co-signer's signature Date

**For Office Use Only**

Loan Payment Amount \$ \_\_\_\_\_ Effective Date \_\_\_\_\_ Teller ID Number \_\_\_\_\_

# Auto Consultants

Dealers Lisc. 39348

## CREDIT REPORT AUTHORIZATION AND RELEASE

Authorization is hereby granted to **Auto Consultants**, to obtain a standard factual data credit report through a credit reporting agency chosen by **Auto Consultants**.

My signature below authorizes the release to the credit reporting agency a copy of my credit application, and authorizes **Auto Consultants**, or any credit reporting agency to obtain information regarding my employment, savings accounts, and outstanding credit accounts (mortgages, auto loans, personal loans, charge cards, credit unions, etc.). Authorization is further granted to **Auto Consultants** or any credit reporting agency to use a Photostat reproduction of this authorization if necessary to obtain any information regarding the above mentioned information.

Applicants hereby request a copy of credit report obtained with any possible derogatory information to be sent to the address of present residence, and holds **Auto Consultants** and any credit reporting organization harmless in so mailing the copy requested.

Any reproduction of this credit report authorization and release made by reliable means (for example, photocopy or facsimile) is considered an original.

Borrower \_\_\_\_\_ Date \_\_\_\_\_

Co-borrower \_\_\_\_\_ Date \_\_\_\_\_

NAME: \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_

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

NAME: \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_

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