



146 South Liberty Dr. Unit 11B  
 P.O. Box 121  
 Stony Point, NY 10980  
 845-942-0020 Fax 845-942-2810

**CREDIT APPLICATION**

DEALER NAME \_\_\_\_\_

FAX \_\_\_\_\_ PHONE \_\_\_\_\_

YEAR	MAKE	MODEL	MILEAGE
CASH PRICE \$	NET TRADE \$	DOWN PAYMENT \$	TOTAL AMOUNT FINANCED \$
OPTIONS	NADA -RETAIL	VIN #	
	NADA-TRADE IN	TRADE-IN INFO	

**APPLICANT INFORMATION** (PLEASE PRINT CLEARLY)

NAME \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ YEARS THERE \_\_\_\_\_  
 HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_  
 OWN OR RENT \_\_\_\_\_ NAME, ADDRESS, & PHONE OF LANDORD OR MORTGAGE HOLDER \_\_\_\_\_  
 \_\_\_\_\_ MO. PAYMENT \$ \_\_\_\_\_  
 PREVIOUS. ADDRESS (If current less than 4 years) \_\_\_\_\_  
 NAME OF EMPLOYER \_\_\_\_\_  
 ADDRESS OF EMPLOYER \_\_\_\_\_  
 BUSINESS PHONE \_\_\_\_\_ ANNUAL SALARY \$ \_\_\_\_\_ YEARS \_\_\_\_\_  
 PREVIOUS EMPLOYER \_\_\_\_\_ YEARS \_\_\_\_\_

**CO-APPLICANT INFORMATION** (PLEASE PRINT CLEARLY)

NAME \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ YEARS THERE \_\_\_\_\_  
 HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_  
 OWN OR RENT \_\_\_\_\_ NAME, ADDRESS, & PHONE OF LANDORD OR MORTGAGE HOLDER \_\_\_\_\_  
 \_\_\_\_\_ MO. PAYMENT \$ \_\_\_\_\_  
 PREVIOUS. ADDRESS (If current less than 4 years) \_\_\_\_\_  
 NAME OF EMPLOYER \_\_\_\_\_  
 ADDRESS OF EMPLOYER \_\_\_\_\_  
 BUSINESS PHONE \_\_\_\_\_ ANNUAL SALARY \$ \_\_\_\_\_ YEARS \_\_\_\_\_  
 PREVIOUS EMPLOYER \_\_\_\_\_ YEARS \_\_\_\_\_

**REFERENCES PERSONAL- FAMILY**

NAME:	NAME:	NAME:
ADDRESS:	ADDRESS:	ADDRESS:
PHONE:	PHONE:	PHONE:

By signing this application:  
 1. I authorize Dealer, New City Funding Corp. and any finance company, bank, other financial institution to which the Dealer or New City Funding submits my application ("you" or "your") to investigate my credit and employment history, obtain credit reports, and release information above your credit experience with our company as the law permits.  
 2. If an account is created, I authorize you to obtain credit reports for the purpose of reviewing or taking collection action on the accounts or for other legitimate purposes associated with account.  
 3. I certify that I have read and agree to the terms of this application and that the information in it is complete and true.  
 4. I authorize New City Funding Corp. to start a credit investigation based on the information voluntarily provided by me which is true and correct, and reflects all my current debts. In addition, I authorize NCFC to obtain federal and state records of employment and income history, including State Employment Security Agency ("SESA"). A bankruptcy proceeding is not progress.  
 "New City Funding Corp. is an Equal Opportunity Lender"

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_ Signature of Co-Applicant \_\_\_\_\_ Date \_\_\_\_\_



New City Funding Corp

**Internet Credit Application Authorization**

The undersigned hereby represents and warrants to New City Funding Corp (“NCFC”) that

**(digital field here customer name)**

(the “**customer**”) is applying for credit via the internet and has provided written instructions in accordance with the Fair Credit Reporting Act and the Electronic Signatures in Global and National Commerce Act ( the “**ESIGN Act**”) authorizing both the undersigned and/or other credit information (collectively, the “**Customer’s Credit Information**”) as necessary and appropriate.

Specifically, the undersigned informed the Customer that (i) the Customer’s authorization would be relied upon by third-party financial institutions in order to obtain the Customers Credit Information, (ii) the Customers application would be shared with such financial institutions and (iii) such financial institution’s would retain the Customers application whether or not it is approved.

Pursuant to Section 101 (e) of the ESIGN Act, the Customer’s authorization is in a form that is capable of being retained and accurately reproduced for later reference by the undersigned at the request of either NCFC or any government entity.

The undersigned has informed (or promptly following delivery of this form, will inform) the Customer that NCFC was provided such information as a potential source of financing and the undersigned has provided (or will provide) the customer with NCFC’s contact information.

Dealership Name: \_\_\_\_\_

**By:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_