

*Notice: Alimony, child support, or other income need not be revealed if the Applicant or Co-Applicant does not choose to have it considered for repaying this loan.

APPLICANT NAME First Middle Last			Birth Date / /	Social Security #
Current Street Address	City	State	ZIP Code	How long at address? Yrs Mo <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Lease
Previous Street Address if at current address less than 2 years	Previous City	State	ZIP Code	Home Phone:
Mortgage holder or Landlord name and address		Mortgage holder/landlord Phone		Balance \$ Value \$ Pay/mo \$
Nearest Relative not living with you, name and address			Phone	Relationship
Present Employer name, address	Your current title	How long? Yrs Mo	Phone	Monthly Income Gross \$
Previous Employer name, address	Your previous title	How long? Yrs Mo	Phone	Additional annual income \$ *Income source:

CO-APPLICANT NAME First Middle Last			Birth Date / /	Social Security #
Current Street Address	City	State	ZIP Code	How long at address? Yrs Mo <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Lease
Previous Street Address if at current address less than 2 years	Previous City	State	ZIP Code	Home Phone:
Mortgage or Landlord name and address		Mortgage holder/landlord Phone		Balance \$ Value \$ Pay/Mo \$
Nearest Relative not living with you, name and address			Phone	Relationship
Present Employer name, address	Your current title	How long? Yrs Mo	Phone	Monthly Income Gross \$
Previous Employer name, address	Your previous title	How long? Yrs Mo	Phone	Additional annual income \$ *income source:

AUTHORIZATION The information in this Application is complete and accurate to the best of my knowledge. I understand that financial institutions will be given a copy of this Application and that they will rely on this information to judge my credit worthiness, and that they will retain this Application and information whether or not this Application is approved. I authorize a full investigation of my credit record and employment history by the Dealer and its assigns, including financial institutions, insurance and service providers. I authorize any creditor or business identified above to release information about its experience with me. I understand that false statements on this Application may subject me to criminal penalties.

Applicant's Signature _____ Date _____

Co-Applicant's Signature _____ Date _____

Callback phone # ()

Callback phone # ()

Purchasing: 5th TT- MH	Year	Make	Model/VIN	<input type="checkbox"/> new <input type="checkbox"/> used
Trading: 5th-TT-MH	Year	Make	Model/VIN	Payoff/Amount Owed \$
Payoff owed to			Term of loan desired	
Joint Account Acknowledgement X _____ X _____				
Lifestyle RVs Ph:816.847.1699 Fax: 816.867.2076			Report pulled by:	

Selling price	\$
(Subtract) Trade Allowance	\$
(Add) Trade Payoff	\$
(Subtract) Cash Down	\$
Add Service Fee	\$299.00
Add Filing Fee	\$ 2.50
Amount Financed	