



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

Call Back #: \_\_\_\_\_

Installed Equipment Brand: \_\_\_\_\_

Product Code: \_\_\_\_\_

# APPLICATION

\*Approvals good for 30 Days

**Applicant must be property owner.**

Amount:\$ \_\_\_\_\_

APPLICANT #1					
Name:			SSN#:		
Current Address:				Unit #:	
Current City:		County		State:	Zip:
Property Owner: <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Home <input type="checkbox"/> Duplex <input type="checkbox"/> Condo		Years?	
Previous Address:				Unit #:	
Previous City:		County:		State:	Zip:
Equipment Location Address:				Unit #:	
City:		County		State:	Zip:
Date of Birth: / /		Home Phone:		Cell Phone:	
Drivers License #:		Email Address:			
Monthly Mortgage Payment: \$		Have you filed bankruptcy within the last 10 years? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Present Employer:			Self Employed: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Position:			How Long?		
Business Phone:			Gross Monthly Income: \$		
Other Sources of Income: (Family support income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation)					
Retirement: \$			Social Security Income: \$		
Other (List Type):			\$		
APPLICANT #2					
<input type="checkbox"/> Spouse <input type="checkbox"/> Non Spouse					
Name:			SSN#:		
Current Address:				Unit #:	
Current City:		County		State:	Zip:
Date of Birth: / /		Home Phone:		Cell Phone:	
Drivers License #:		Email Address:			
Monthly Mortgage Payment: \$					
Present Employer:			Self Employed: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Position:			How Long?		
Business Phone:			Gross Monthly Income: \$		
Other Sources of Income: (Family support income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation)					
Retirement: \$			Social Security Income: \$		
Other (List Type):			\$		

I certify that the information furnished on this application is true to the best of my knowledge and belief. Authorization is hereby given to FTL Finance and/or any related business entity to contact recognized credit bureaus in order to secure credit information they may have pertaining to my credit paying habits, and further, to verify information furnished on this application. Application fee may be charged to applicant depending on applicant's credit history.

\_\_\_\_\_  
Applicant's Signature                      Date

\_\_\_\_\_  
Applicant #2 Signature                      Date