

RETAIL CONSUMER CREDIT APPLICATION

Medallion Bank

1100 East 6600 South, Suite 510, SLC, UT 84121
P 866-688-6983 F 888-730-5032

APPLICANT INFORMATION

Full Name (First, Middle, Last) _____

Social Security # _____ Date of Birth _____ Home Phone _____

Street Address _____

City _____ State _____ Zip _____

Do You own or rent? (Circle One) \$ _____ Monthly Payment _____

How long at this address? _____ Years _____ Months
If less than 2 years previous address was: _____

Street Address _____ City _____ State _____ Zip _____

Name of nearest relative not living with you _____ Relationship _____ Phone _____

How Long? _____ Yrs. _____ Mos.

Employer _____

Street Address _____

City _____ State _____ Zip _____ Phone _____

Occupation _____ Gross Monthly Income \$ _____

Additional Income Source* _____ Amount Monthly \$ _____

***NOTE:** Alimony, child support or separate maintenance income need not be disclosed if you do not wish to have it considered as a basis for paying this obligation.

PURCHASE INFORMATION

Dealership Name & Location _____
Name _____ Street Address _____ State _____ Zip _____

FINANCING INFORMATION

New Used	Year	Make	Model	Term	Selling Price	Cash Down	Net Trade	Amount Requested
Trade (if Applicable)	Trade Allowance			ID Number			Invoice/Wholesale	

BY SIGNING BELOW, EACH OF US (BOTH APPLICANT AND CO-APPLICANT) VERIFY OUR INTENT TO APPLY FOR JOINT CREDIT.

AUTHORIZATION I certify that the above information stated in this application is true and correct and a complete statement of my financial condition. I understand that this application will be kept whether or not it is approved. You are authorized to share this application with other potential lenders. You and any potential or subsequent creditor are authorized to check my credit and employment history to answer questions about your credit experience with me and to disclose credit information to each other. I further understand that my application is being submitted to a lender(s).

Date of Application _____

Applicant's Signature _____

Co-Applicant/Guarantor's Signature _____

MB004 06/04

CO-APPLICANT OR GUARANTOR INFORMATION

Complete this section ONLY if there is a co-applicant or if the applicant will rely on the income of a guarantor as a source of payment.

Please specify if Co-applicant or Guarantor:

Full Name (First, Middle, Last) _____

Social Security # _____ Date of Birth _____ Home Phone _____

Street Address _____

City _____ State _____ Zip _____

Do you Own or Rent? (Circle One) \$ _____ Monthly Payment _____

How long at this address? _____ Years _____ Months
If less than 2 years previous address was: _____

Street Address _____ City _____ State _____ Zip _____

Name of nearest relative not living with you _____ Relationship _____ Phone _____

How Long? _____ Yrs. _____ Mos.

Employer _____

Street Address _____

City _____ State _____ Zip _____ Phone _____

Occupation _____ Gross Monthly Income \$ _____

Additional Income Source* _____ Amount Monthly \$ _____

***NOTE:** Alimony, child support or separate maintenance income need not be disclosed if you do not wish to have it considered as a basis for paying this obligation.