

Continental First Federal

Boat / RV Loan

Application Individual Joint Special Entity W/Guarantor

13018 Lebanon Rd., Mt. Juliet, TN 37122 PH: 1-800-998-8997 Fax: 1-615-773-6325

APPLICANT

CO-APPLICANT / Non-spousal Applicant Requires Separate Application

First Name	Middle Initial	Last Name

Social Security Number		Date of Birth
_____		()
Street		Home Telephone
_____		_____
City, State, Zip		Years/Months There
_____		_____
	<input type="checkbox"/> Employed	
	<input type="checkbox"/> Retired	
Employer		Years Employed
_____	()	_____ %
Position	Business Telephone	Percentage Owned
_____	_____	_____
\$ _____		
Gross Monthly Income	Type of Business	
_____	_____	
Previous Employer	Years / Months Employed	
_____	_____	
\$ _____		
Other Monthly Income	Source	
_____	_____	
\$ _____		
Other Monthly Income	Source	
_____	_____	
\$ _____		

First Name	Middle Initial	Last Name

Social Security Number		Date of Birth
_____		()
Street		Home Telephone
_____		_____
City, State, Zip		Years/Months There
_____		_____
	<input type="checkbox"/> Employed	
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Employer		Years Employed
_____	()	_____ %
Position	Business Telephone	Percentage Owned
_____	_____	_____
\$ _____		
Gross Monthly Income	Type of Business	
_____	_____	
Previous Employer	Years / Months Employed	
_____	_____	
\$ _____		
Other Monthly Income	Source	
_____	_____	
\$ _____		
Other Monthly Income	Source	
_____	_____	
\$ _____		

Alimony, child support or separate maintenance payments received.
Alimony, child support or separate maintenance income need not be revealed if you do not wish it to be considered as a basis for repaying this obligation.

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Name and telephone of relative that does not live with you.

Name and telephone of relative that does not live with you.

Please Tell Us About Your Residences

PRIMARY RESIDENCE : live In RV Fulltime

\$ _____		
Mortgage Holder or Landlord	Value	Date Purchased
_____	_____	_____
\$ _____		
<input type="checkbox"/> Rent	<input type="checkbox"/> Mortgage Payment	
	Mortgage Balance	
_____	_____	
Existing Second Lien holder	Balance	Payment
_____	_____	_____
Second Residence :		
Address		

Mortgage Holder		

\$ _____	\$ _____	\$ _____
Mortgage Payment	Mortgage Balance	Monthly Rental Income
_____	_____	_____

Please Tell Us About Your Finances

\$ _____		
Checking Account Number	Institution	Balance
_____	_____	_____
\$ _____		
Savings Account Number	Institution	Balance
_____	_____	_____
\$ _____		
Investment Account Number	Institution	Balance
_____	_____	_____
\$ _____		
Other Account	Institution	Balance
_____	_____	_____
\$ _____		
Other Account	Institution	Balance
_____	_____	_____
\$ _____		
Other Account	Institution	Balance
_____	_____	_____
\$ _____		

Outstanding Debt

Creditor Name	Describe Collateral (auto, RV, loan, credit card, etc.)	Balance	Monthly Payment
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

Have you filed bankruptcy in the past 10 years? No Yes

Please read and sign

I (We) represent, warrant and affirm that all of the statements made by me (us) in this application are true and correct and have been made by me (us) in order to induce you to grant credit to me (us) and with knowledge that you will rely thereon, without limiting the foregoing. I (we) represent and warrant that I (we) have no outstanding obligations to any Bank, Loan Company, Corporation or Individual except as shown in this application and that no lawsuits or judgments are pending or entered against me (us). I (we) authorize you to exchange credit information with others in connection with this application. I (we) agree that this application shall be and remain your property whether or not this application is approved. Consumer credit report or reports may be requested from one or more consumer reporting agencies (credit Bureaus) in connection with this application. This consumer credit report may be requested and used in connection with any debt, renewal or extension of credit requested by this application. If I (we) request, I (we) will be informed whether any consumer credit report was requested and, if so, the name and address of the consumer reporting agency which furnished the report.

Applicant's Signature

Co-Applicants Signature