



Credit Application
 1590 Whiteford Rd. York, PA 17402
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 www.bensrvcenter.com

CHECK BOX FOR JOINT ACCOUNT: If you are applying for a joint account or an account that you and another person will use, complete all sections, providing information in Section B, below, about the Joint Applicant or user.

We intend to apply for Joint Credit.

Applicant _____ Co-Applicant _____

SECTION A, Information Regarding Applicant:

NAME _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

DATE OF BIRTH _____ HOME PHONE () _____ SOCIAL SEC. NO. _____ DEP _____

LANDLORD/MORTGAGE HOLDER NAME AND ADDRESS _____ OWN RENT HOW LONG THERE? _____

DATE PURCHASED _____ PURCHASE PRICE _____ ORIGINAL MORTGAGE _____

PRESENT BALANCE _____ MARKET VALUE _____ MONTHLY PAYMENT _____

PREVIOUS ADDRESS (IF AT PRESENT ADDRESS LESS THAN 5 YEARS) _____ HOW LONG THERE OWN YEARS RENT _____

APPLICANTS EMPLOYER _____ YEARS _____ POSITION _____

EMPLOYERS ADDRESS _____ PHONE NO. () _____

PREVIOUS EMPLOYERS (IF WITH PRESENT EMPLOYER LESS THAN 5 YEARS) _____ YEARS _____ POSITION _____

PREVIOUS EMPLOYERS ADDRESS _____ PHONE NO. () _____

GROSS MONTHLY SALARY _____ OTHER INCOME * _____

SOURCE OF OTHER INCOME * _____ TOTAL GROSS INCOME * _____

SECTION B, Information Regarding Applicant:

NAME _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

DATE OF BIRTH _____ HOME PHONE () _____ SOCIAL SEC. NO. _____ DEP _____

LANDLORD/MORTGAGE HOLDER NAME AND ADDRESS _____ OWN RENT HOW LONG THERE? _____

DATE PURCHASED _____ PURCHASE PRICE _____ ORIGINAL MORTGAGE _____

PRESENT BALANCE _____ MARKET VALUE _____ MONTHLY PAYMENT _____

PREVIOUS ADDRESS (IF AT PRESENT ADDRESS LESS THAN 5 YEARS) _____ HOW LONG THERE OWN YEARS RENT _____

APPLICANTS EMPLOYER _____ YEARS _____ POSITION _____

EMPLOYERS ADDRESS _____ PHONE NO. () _____

PREVIOUS EMPLOYERS (IF WITH PRESENT EMPLOYER LESS THAN 5 YEARS) _____ YEARS _____ POSITION _____

PREVIOUS EMPLOYERS ADDRESS _____ PHONE NO. () _____

GROSS MONTHLY SALARY _____ OTHER INCOME * _____

SOURCE OF OTHER INCOME * _____ TOTAL GROSS INCOME * _____

* INCOME FROM ALIMONY, CHILD SUPPORT OR SEPARATE MAINTENANCE NEED NOT BE REVEALED IF YOU DO NOT WISH TO HAVE IT CONSIDERED FOR REPAYING THIS OBLIGATION. IF YOU WISH TO REVEAL SUCH INCOME HOW MUCH DO YOU RECEIVE MONTHLY? _____ RECEIVED UNDER: COURT ORDER WRITTEN AGREEMENT ORAL AGREEMENT.

NAME AND ADDRESS OF NEAREST RELATIVE OR FRIEND NOT LIVING WITH YOU _____ PHONE NO. () _____ RELATIONSHIP _____

DID YOU PREVIOUSLY OWN SAME TYPE OF UNIT NOW BEING PURCHASED? APPLICANT YES NO FINANCED? (LENDER) _____ WHEN? _____
 CO-APPLICANT YES NO FINANCED? (LENDER) _____ WHEN? _____

HAVE YOU EVER HAD A REPOSESSION? APPLICANT YES NO CO-APPLICANT YES NO ARE THERE ANY LAWSUITS PENDING AGAINST YOU CURRENTLY? APPLICANT YES NO CO-APPLICANT YES NO
 HAVE YOU HAD ANY JUDGMENTS ENTERED AGAINST YOU? APPLICANT YES NO CO-APPLICANT YES NO HAVE YOU EVER BEEN DECLARED BANKRUPT (CHAPTER 7, 11, 13)? APPLICANT YES NO CO-APPLICANT YES NO

DEALER INFORMATION

DEALER NAME _____	LOCATION _____	SALESMAN _____	PHONE NO. () _____
YEAR/MAKE UNIT PURCH <input type="checkbox"/> NEW <input type="checkbox"/> USED	CASH SELLING	TRADE IN - YEAR/MAKE _____	WHERE UNIT TO BE LOCATED _____
MODEL _____ SIZE _____	PRICE \$ _____	MODEL - SIZE _____	CITY _____ STATE _____
INVOICE COST <input type="checkbox"/> APPRAISAL <input type="checkbox"/> BOOK VALUE <input type="checkbox"/> \$ _____	TAXES \$ _____	A. DEALER ALLOWANCE \$ _____	COUNTY _____ RENT \$ _____
EXTRA EQUIPMENT AT DEALER COST \$ _____	DOWN PAYMENTS \$ _____	B. LESS PAY OFF \$ _____	INSURANCE CO. _____
TOTAL DEALER COST /VALUE \$ _____	UNPAID BALANCES \$ _____	C. NET TRADE A - B \$ _____	AGENT _____
FIGURES ON CONTRACT _____	TERM _____ PAYMENT \$ _____	D. CASH DOWN \$ _____	PHONE NO. () _____
RATE _____	APPROVED BY: _____	TOTAL C & D \$ _____	PRIMARY USE OF UNIT <input type="checkbox"/> PLEASURE <input type="checkbox"/> LIVE IN <input type="checkbox"/> COMM/BUSINESS
	AMOUNT TO FINANCE \$ _____		

CERTIFICATION, ACKNOWLEDGMENT AND CONSENT:
 THE UNDERSIGNED INDIVIDUAL(S) CERTIFY, ACKNOWLEDGE AND CONSENT TO THE FOLLOWING:
 THE ABOVE INFORMATION IS COMPLETE, TRUE AND CORRECT.
 IT IS A FEDERAL CRIME TO INTENTIONALLY GIVE FALSE STATEMENTS TO INDUCE A LENDER TO EXTEND CREDIT. LENDER IS AUTHORIZED TO CONTACT ANY PARTY LISTED HEREIN AND ANY OTHER NORMAL SOURCE OF CREDIT INFORMATION. ANY PARTY SO CONTACTED IS AUTHORIZED TO FURNISH SUCH INFORMATION TO LENDER AS LENDER MAY REQUEST. LENDER WILL RETAIN THIS APPLICATION AND ANY OTHER CREDIT INFORMATION LENDER RECEIVES WHETHER OR NOT CREDIT IS EXTENDED. LENDER IS AUTHORIZED TO GIVE CREDIT INFORMATION TO ITS AFFILIATES. THIS CERTIFICATION, ACKNOWLEDGEMENT AND CONSENT EXTEND NOT ONLY TO THE LENDER BUT TO ANY INVESTOR TO WHOM LENDER MAY SELL THE LOAN. LENDER IS AUTHORIZED TO PROVIDE TO ANY INVESTOR ANY INFORMATION AND DOCUMENTATION THAT THEY MAY REQUEST WITH RESPECT TO THIS APPLICATION, CREDIT OR LOAN.

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT:
 TO HELP THE GOVERNMENT FIGHT THE FUNDING OF TERRORISM AND MONEY LAUNDERING ACTIVITIES, FEDERAL LAW REQUIRES ALL FINANCIAL INSTITUTIONS TO OBTAIN, VERIFY AND RECORD INFORMATION THAT IDENTIFIES EACH PERSON WHO OPENS AN ACCOUNT. WHAT THIS MEANS TO YOU: WHEN YOU OPEN AN ACCOUNT, WE WILL ASK YOUR NAME, ADDRESS, DATE OF BIRTH, AND OTHER INFORMATION THAT WILL ALLOW US TO IDENTIFY YOU. WE MAY ALSO ASK TO SEE YOUR DRIVER'S LICENSE OR OTHER IDENTIFYING DOCUMENTS.

APPLICANT'S SIGNATURE _____ DATE _____ CO-APPLICANT'S SIGNATURE _____ DATE _____