

# Hamilton Capital Funding, LLC

600 East Jericho Turnpike  
Huntington Station, NY 11746  
Phone: 631-935-3435 • Fax: (631)532-1385

DEALER NAME \_\_\_\_\_

DEALER ADDRESS \_\_\_\_\_

PHONE # \_\_\_\_\_

FAX # \_\_\_\_\_

CREDIT APPLICATION MUST BE SIGNED BY APPLICANT(S)

Today's Date \_\_\_\_\_

## BASIC INFORMATION

\*Name in Full \_\_\_\_\_ \*Date of Birth \_\_\_\_\_

\*Address \_\_\_\_\_ \*Social Security # \_\_\_\_\_

\*City \_\_\_\_\_ \*State \_\_\_\_\_ \*Zip \_\_\_\_\_ \*Phone # \_ (\_\_\_\_) \_\_\_\_\_

\*How long there? \_\_\_\_\_ \*Rent/Mortgage \$ \_\_\_\_\_ Cell # \_ (\_\_\_\_) \_\_\_\_\_

E-mail Address \_\_\_\_\_

## CURRENT EMPLOYMENT:

Check Here If Self Employed

\*Company Name \_\_\_\_\_ \*Phone # \_ (\_\_\_\_) \_\_\_\_\_

Business Address \_\_\_\_\_ Between Streets \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ \*Years There \_\_\_\_\_

\*Position \_\_\_\_\_ \*Annual Salary \_\_\_\_\_

2nd Job. If any or Previous Employer \_\_\_\_\_

## CO-APPLICANT INFORMATION - \*RELATIONSHIP TO APPLICANT \_\_\_\_\_

\*Name in Full \_\_\_\_\_ \*Date of Birth \_\_\_\_\_

\*Address \_\_\_\_\_ \*Social Security # \_\_\_\_\_

\*City \_\_\_\_\_ \*State \_\_\_\_\_ \*Zip \_\_\_\_\_ Phone # \_ (\_\_\_\_) \_\_\_\_\_

E-mail Address \_\_\_\_\_

\*Company Name \_\_\_\_\_ \*Phone # \_ (\_\_\_\_) \_\_\_\_\_ \*Years There \_\_\_\_\_

Address \_\_\_\_\_

\*Position \_\_\_\_\_ \*Salary \_\_\_\_\_ Cell # \_ (\_\_\_\_) \_\_\_\_\_

**\*Required fields need to filled out**

## FINANCIAL INFORMATION

Bank Name \_\_\_\_\_ Address \_\_\_\_\_

Checking Acct # \_\_\_\_\_ Savings # \_\_\_\_\_

## VEHICLE INFORMATION

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Mileage \_\_\_\_\_

Vin # \_\_\_\_\_ Price \_\_\_\_\_ Down Payment \_\_\_\_\_

Trade-in \_\_\_\_\_ Year/Make/Model \_\_\_\_\_ Amount of Finance \_\_\_\_\_

The Federal Equal Credit Opportunity Act prohibits discrimination on the basis of race, color, religion, national origin, sex, marital status, age; because all or part of a person's income derives from any public assistance program; or because a person in good faith has exercised any right under the Federal Consumer Credit Protection Act. The agency which administer this law is the Federal Trade Commission, Washington, D.C. 20580. Should applicant's credit be rejected, he or she is entitled to know the reason if he requests it in writing.

In connection with this application or any future credit update, you are authorized to obtain a consumer report from a credit reporting agency. I understand that, upon request, you will provide me with the name and address of such agency.

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

Date \_\_\_\_\_

Co-Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_