

IMPORTANT

PLEASE READ

In order to successfully submit these forms online it will require you to use the Adobe Acrobat Reader plugin for your web browser. If you do not have that you can click the link below and install it.

If you attempt to fill out these forms and submit them online using Adobe Acrobat Reader itself, or another similar utility, this will fail.

However, if you wish you can print out the forms using Adobe Acrobat Reader, or another similar utility, fill them out and fax to our office.

Thank you for your cooperation.



If this is an application for joint credit with another person, complete all selections, providing information in the CO-APPLICANT section about the joint applicant. We intend to apply for joint credit. (PLEASE CHECK)

Credit Application



1800 Capital Street
 Corona, CA 92880
 Phone: 951-898-9360 Fax: 951-898-9361
 www.shockwaveboats.com

APPLICANT

CO-APPLICANT

TELL US ABOUT YOURSELF (Fields in Blue are Required)

US CITIZEN? YES NO

FIRST NAME	M.I.	LAST NAME	DATE OF BIRTH (11/11/1234)	SS#
MARITAL STATUS		STATE	DRIVERS LICENSE #	HOUSING
<input type="radio"/> UNMARRIED <input type="radio"/> MARRIED <input type="radio"/> SEPARATED				<input type="radio"/> OWN <input type="radio"/> RENT
MONTHLY HOUSING PAYMENT		(1234.56)		
STREET ADDRESS		CITY	STATE	ZIP
PHONE		# YEARS		
PREVIOUS STREET ADDRESS (IF LESS THEN 3 YRS AT CURRENT ADDRESS)		CITY	STATE	ZIP
PHONE		# YEARS		
E MAIL ADDRESS			FAX	CELL/OTHER
NAME OF EMPLOYER		ADDRESS/ZIP CODE		PHONE
				# YEARS
POSITION		MONTHLY SALARY	HAVE YOU EVER FILED FOR BANKRUPTCY?	
			<input type="radio"/> NO <input type="radio"/> YES DATE (11/11/1234)	
PREVIOUS EMPLOYER (IF LESS THAN 3 YEARS AT CURRENT JOB)		ADDRESS/ZIP	PHONE	# YEARS
OTHER INCOME (DESCRIPTION: Property Income, Retirement, Child Support, Alimony, Other)				AMOUNT

Monthly Annually

TELL US ABOUT CO-APPLICANT (REQUIRED IF APPLICABLE)

US CITIZEN? YES NO

FIRST NAME	M.I.	LAST NAME	DATE OF BIRTH (11/11/1234)	SS#
MARITAL STATUS		DRIVERS LICENSE #	HOUSING	MONTHLY HOUSING PAYMENT
<input type="radio"/> UNMARRIED <input type="radio"/> MARRIED <input type="radio"/> SEPARATED			<input type="radio"/> OWN <input type="radio"/> RENT	(1234.56)
STREET ADDRESS		CITY	STATE	ZIP
PHONE		# YEARS		
PREVIOUS STREET ADDRESS (IF LESS THEN 3 YRS AT CURRENT ADDRESS)		CITY	STATE	ZIP
PHONE		# YEARS		
E MAIL ADDRESS			FAX	CELL/OTHER
NAME OF EMPLOYER		ADDRESS/ZIP CODE		PHONE
				# YEARS
POSITION		MONTHLY SALARY	HAVE YOU EVER FILED FOR BANKRUPTCY?	
			<input type="radio"/> NO <input type="radio"/> YES DATE (11/11/1234)	
PREVIOUS EMPLOYER (IF LESS THAN 3 YEARS AT CURRENT JOB)		ADDRESS/ZIP	PHONE	# YEARS
OTHER INCOME (DESCRIPTION: Property Income, Retirement, Child Support, Alimony, Other)				AMOUNT

PERSONAL REFERENCE

NAME(FIRST, MI, LAST)	PHONE

ALL APPLICANTS AND CO-APPLICANTS:

In submitting this application, you warrant and represent that the information that you are furnishing is truthful, accurate, and supplied voluntarily. You authorize us to check your credit and employment histories and bank and personal references, to obtain consumer reports from consumer spending agencies in considering this application and subsequently in connection with any update, renewal, extension of credit, review or collection of your account, to report to others your credit experience with us, to answer questions about your credit experience with us, and to keep this application whether or not it is approved. You agree to notify the creditor of any material change.

APPLICANT NAME _____ DATE (11/11/1234) _____ CO-APPLICANT _____ DATE (11/11/1234) _____

I AGREE WITH THE ABOVE STATEMENT

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