

OregonRoads

APPLICATION

YEAR	MAKE	MODEL	MSRP	CAP	PAYMENT	TERM		
APPLICANT INFORMATION								
FULL NAME				DATE OF BIRTH		SOCIAL SECURITY NUMBER		
CURRENT ADDRESS	STREET	CITY	STATE	ZIP	HOW LONG? YRS. MOS.	HOME PHONE ()		
PREVIOUS ADDRESS	STREET	CITY	STATE	ZIP	HOW LONG? YRS. MOS.	WORK PHONE ()		
EMPLOYER NAME				HOW LONG? YRS. MOS.		TITLE		
EMPLOYER'S ADDRESS	STREET	CITY	STATE	ZIP	SELF-EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	NATURE OF BUSINESS		
PREVIOUS EMPLOYER'S NAME				HOW LONG? YRS. MOS.		TITLE		
PREVIOUS EMPLOYER'S ADDRESS	STREET	CITY	STATE	ZIP	SELF-EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	NATURE OF BUSINESS		
GROSS INCOME				ODL NUMBER		TOTAL INCOME		
ADDITIONAL INCOME & SOURCE						\$ /YEAR		
CO-APPLICANT INFORMATION								
FULL NAME				DATE OF BIRTH		SOCIAL SECURITY NUMBER		
CURRENT ADDRESS	STREET	CITY	STATE	ZIP	HOW LONG? YRS. MOS.	HOME PHONE ()		
PREVIOUS ADDRESS	STREET	CITY	STATE	ZIP	HOW LONG? YRS. MOS.	WORK PHONE ()		
EMPLOYER NAME				HOW LONG? YRS. MOS.		TITLE		
EMPLOYER'S ADDRESS	STREET	CITY	STATE	ZIP	SELF-EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	NATURE OF BUSINESS		
PREVIOUS EMPLOYER'S NAME				HOW LONG? YRS. MOS.		TITLE		
PREVIOUS EMPLOYER'S ADDRESS	STREET	CITY	STATE	ZIP	SELF-EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	NATURE OF BUSINESS		
GROSS INCOME				ODL NUMBER		TOTAL INCOME		
ADDITIONAL INCOME & SOURCE						\$ /YEAR		
FINANCIAL INFORMATION								
RESIDENCE <input type="checkbox"/> BUYING OR OWN <input type="checkbox"/> RENT <input type="checkbox"/> WITH PARENTS		LIEN HOLDER OR LANDLORD NAME		VALUE		BALANCE	MONTHLY PAYMENT	
		ADDRESS AND PHONE		\$		\$	\$	
HOME EQUITY LOAN SOURCE				ORIGINAL \$		BALANCE \$	MONTHLY PAYMENT \$	
SAVINGS	NAME					BALANCE \$		
CHECKING	NAME					BALANCE \$		
OTHER	DESCRIBE					BALANCE \$		
INSURANCE INFORMATION								
INSURANCE CO.		POLICY #		AGENT		PHONE ()	FAX ()	
CURRENT VEHICLE INFORMATION								
CAR 1	YEAR	MAKE	MODEL	<input type="checkbox"/> LEASED FINANCIAL SOURCE <input type="checkbox"/> PURCHASED		<input type="checkbox"/> SOLD <input type="checkbox"/> KEEP <input type="checkbox"/> TRADE	ORIGINAL \$	BALANCE \$
CAR 2	YEAR	MAKE	MODEL	<input type="checkbox"/> LEASED FINANCIAL SOURCE <input type="checkbox"/> PURCHASED		<input type="checkbox"/> SOLD <input type="checkbox"/> KEEP <input type="checkbox"/> TRADE	ORIGINAL \$	BALANCE \$

I have completely and correctly answered all questions on this application. During the review of my application, I understand Oregon Roads and their assigns may obtain a consumer report on me and, if the application is approved, may at any time in the future obtain additional consumer reports. I have the right to ask for the name and address of the consumer reporting agency which provided the consumer report. This application shall remain the property of Oregon Roads and their assigns.

APPLICANT

DATE

CO-APPLICANT

DATE