



Finance Application

PH: 888-701-0056
Fax: 727-324-0032

Dealer

| | | | | | |
|--|-----------------------|--|-------------------------------|--|-------------------------------------|
| APPLICATION - <input type="checkbox"/> Individual <input type="checkbox"/> Joint <input type="checkbox"/> Co-Maker | | <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Separated | | U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| First Name | Middle | Last | Birth Date | Social Security # | |
| Street Address | | City | State | Zip | How Long at Current Address? Y M |
| Previous Address: Street / City / State / Zip (If less than 2 years at current) | | | | | Time There Y M |
| Rent? <input type="checkbox"/> Own? <input type="checkbox"/> | Monthly Payment \$ | Landlord or Mortgage Holder | Balance \$ | Value \$ | |
| Employed by | | Position / Title | | Gross Monthly Income \$ | Time at Current Employer: Y M |
| Business Address Street / City / State / Zip | | | | | Business Phone: |
| Previous Employment | | Street Address | City | State | Zip |
| Income from alimony, child support or separate maintenance payments need not be revealed if the applicant does not choose to have it considered as a basis for repaying this loan. | | | | | Other Income per month \$ |
| EMAIL ADDRESS: | | Nearest Relative: Name / Address / Phone / Relationship | | | |
| If you reside or rely on property located in a community property state (AZ, CA, ID, LA, NM, NV, TX, WA), please provide your spouse's name and social security number. | | | Name | Social Security No. | |
| If married and a resident of a community property state (AZ, CA, ID, LA, NM, NV, TX, WA), list all debts, accounts and obligations of both spouses, unless you indicate otherwise, obligations of both spouses are considered community liabilities. | | | | | |
| HAVE YOU PREVIOUSLY OWNED A BOAT? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | Previous Boat / Length / Time | | |

| | | | | | | | |
|--|--|----------------------------|---------------------------------|--|---------------------|--|-------------------------------|
| CO-APPLICANT | | Relationship to Applicant: | | <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Separated | | U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| First Name / Middle / Last | | | Birth Date | | Social Security No. | | |
| Street Address / City / State / Zip | | | | Time There Y M | | Home Phone | |
| Employed by | | Position / Title | | Gross Monthly Income \$ | | Business Phone | |
| Business Address Street / City / State / Zip | | | | | | Time There Y M | |
| Previous Employment: Name / Street Address / City / State / Zip | | | | | | Time There Y M | |
| <input type="checkbox"/> New <input type="checkbox"/> Used <input type="checkbox"/> Refinance | Year | Make | Model | Length | Engine Manufacturer | Engine(s) Horsepower | |
| Sales Price: | Trade Allowance: | Sales Tax: | Trade Payoff: | Cash Down: | Amount Requested: | Term Requested: | |
| ENGINE: <input type="checkbox"/> Gas <input type="checkbox"/> Diesel <input type="checkbox"/> Twin <input type="checkbox"/> Single | <input type="checkbox"/> Generator <input type="checkbox"/> Radar <input type="checkbox"/> Trailer | | <input type="checkbox"/> Awning | <input type="checkbox"/> Electronics valued at \$ _____ <input type="checkbox"/> Hydraulic Jacks | | | |
| Trade-In (Year, Make, Model, Length) | | | Engine Manufacturer | | Current Lender Name | | Current Lender Account Number |

FOR MAINE RESIDENTS: Consumer reports (credit reports) may be obtained in connection with your loan application. (1) If you request, you will be informed whether or not consumer reports were obtained. (2) If reports were obtained, if you request, you will be informed of the names and addresses of the consumer reporting agencies (credit bureaus) that furnished the reports.

FOR NEW YORK RESIDENTS: Upon request, the applicant(s) will be informed whether or not a consumer report was requested, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. I/We have the right to ask you for the name and address of the credit bureau which gave you the credit history.

FOR OHIO RESIDENTS: The Ohio laws against discrimination require that all creditors make credit equally available to all creditworthy customers, and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio Civil Rights Commission administers compliance with this law.

FOR WISCONSIN RESIDENTS - NOTICE TO MARRIED APPLICANTS: No provision of any marital property agreement, unilateral statement under §.766.59, Wis. Stats., or court decree under §., adversely affects the interest of the creditor unless the creditor, prior to the time the credit is granted or an open-end credit plan is entered into, is furnished a copy of the agreement, statement or decree or has actual knowledge of the adverse provision.

I/We affirm that all the information in this credit application is complete and true, whether completed by me/us or by you at my/our direction. I/We authorize you to obtain from a third party my/our credit history and employment history.

FALSIFICATION OF CREDIT INFORMATION TO THE BANK IS A CRIMINAL VIOLATION OF FEDERAL AND ALL STATE LAWS. I/WE UNDERSTAND THAT THE FINANCIAL INSTITUTION TO WHICH THIS APPLICATION IS BEING PRESENTED WILL BE REQUESTED TO EXTEND CREDIT TO ME/US ON THE BASIS OF THIS CREDIT STATEMENT.

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 customer who opens an account. Therefore, all new and existing customers are subject to the identity verification requirements. When a customer opens an account with any entity within our family of lenders, we will ask for the customer's name, address and identification number, and, in the case of an individual, his or her date of birth. For business accounts, we may also obtain this information for individuals associated with the business. We may also request to see a driver's license or other identifying documents. In all cases, DFSG is committed to protecting the privacy and identity of each of its customers.

I/WE ACKNOWLEDGE THAT I/WE HAVE RECEIVED A COPY OF THIS APPLICATION.

Signature of Applicant

Date

Signature of Co-Applicant



INSURANCE QUOTE

Please fax to (727) 324-0032

PERSONAL INFORMATION:

First Name _____ Middle Name _____ Last Name _____

DOB _____ Social Security # _____ Married Unmarried

Street Address _____

City _____ State _____ Zip _____ Home Phone _____

Work Phone _____ Cell Phone _____

Email Address _____ Occupation _____

Driver's License # _____ Any tickets or violations in the last 3 years? Yes No

COLLATERAL INFORMATION:

New Year _____ Manufacturer _____ Model _____

Used Purchase Date _____ Purchase Price \$ _____ Current Value \$ _____

ENGINE: Year _____ Manufacturer _____ Horsepower _____ Number _____

Fuel Gas Diesel Hours _____ Max Speed _____ Current Value \$ _____

Inboard Outboard I/O Stern Other _____

TRAILER: Year _____ Manufacturer _____ Model _____ Current Value \$ _____

EQUIPMENT: Auto Pilot VHF Fathom Fume Detector GPS Loran Radar
Auto Fire Suppression Monitoring System Electronic Burglar Alarm Propeller Hub Locks

Mooring Location _____ Waters to be Navigated _____

Liability Requested \$300,000 \$500,000 \$1,000,000 Other _____

EXPERIENCE:

Power Squadron Coast Guard Captain's License State Certification Other _____

Years Boating Experience _____ Vessels Operated _____

Years Boat Ownership _____ Vessels Owned _____

Currently marine Insured? Yes No Company _____ Premium \$ _____

Losses in the last five years? Yes No Company _____ Amount \$ _____

Date _____ Cause _____