



18171 Collier Ave, Lake Elsinore, CA 92530

(951) 674-7900

(951) 674-8882 fax

RETAIL CONSUMER CREDIT APPLICATION

APPLICANT INFORMATION

Full Name (First, Middle, Last) _____ Driver's License # _____

Social Security # _____ Date of Birth _____ Home Phone _____

Street Address _____ City _____ State _____ Zip _____

Residence: OWN RENT Mortgage/Rent Pymt _____/Monthly

How long at this residence? _____ Years _____ Months. If less than 2 Years, previous address was:

Street Address _____ City _____ State _____ Zip _____

Name of nearest relative not living with you _____ Phone _____ Relationship _____

EMPLOYMENT INFORMATION

Applicants Employer Name _____ How Long? _____ Yrs _____ Mos (____) _____ Phone _____

Street Address _____ City _____ State _____ Zip _____

Occupation _____ **Gross Personal Taxable Income** _____ / Month (*verifiable*)

Previous Employer (if current employment less than 2 yrs) _____ How Long? _____ Yrs _____ Mos (____) _____ Phone _____

Additional Income Source _____ Amount _____ / Month

NOTE: Alimony, child support, or separate maintenance income need not be disclosed if you do not wish to have it considered as a basis for paying this obligation.

AUTHORIZATION: I certify that the above information stated in this application is true and correct, and a complete statement of my financial condition. I understand that this application will be kept whether or not it is approved. You are authorized to share this application with other potential lenders. You and any potential or subsequent creditor are authorized to check my credit and employment history to answer questions about your credit experience with me, and to disclose credit information to each other. I further understand that my application is being submitted to a lender(s).

Date of Application

Applicant's Signature

Co-applicant's Signature

For all marine financing questions, please contact **CHERYL DETTMERS** in the Calif Skier Finance Dept: finance@californiaskier.com

CO-APPLICANT INFORMATION

Full Name (First, Middle, Last) _____ Driver's License # _____

Social Security # _____ Date of Birth _____ Home Phone _____

Street Address _____ City _____ State _____ Zip _____

Residence: OWN RENT Mortgage/Rent Pymt _____/Monthly

How long at this residence? _____ Years _____ Months. If less than 2 Years, previous address was:

Street Address _____ City _____ State _____ Zip _____

Name of nearest relative not living with you _____ Phone _____ Relationship _____

EMPLOYMENT INFORMATION

Applicants Employer Name _____ How Long? _____ Yrs _____ Mos (____) _____
Phone _____

Street Address _____ City _____ State _____ Zip _____

Occupation _____ **Gross Personal Taxable Income** _____ / Month (*verifiable*)

Previous Employer (if current employment less than 2 yrs) _____ How Long? _____ Yrs _____ Mos (____) _____
Phone _____

Additional Income Source _____ Amount _____ / Month

NOTE: Alimony, child support, or separate maintenance income need not be disclosed if you do not wish to have it considered as a basis for paying this obligation.

Co-applicant's Signature _____

Date _____