

Credit Application

APPLICANT INFORMATION:

FULL LEGAL NAME	DATE OF BIRTH	US CITIZEN?	SOCIAL SECURITY NUMBER
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REQUIRED: DRIVERS LICENSE NUMBER:	STATE:	EXPIRES:	
CURRENT STREET ADDRESS	CITY	STATE	ZIPCODE
			LENGTH AT RESIDENCE

PREVIOUS STREET ADDRESS	CITY	STATE	ZIPCODE	LENGTH AT RESIDENCE
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HOME PHONE W/ AREA CODE	OWN/RENT/OTHER	MONTHLY PAYMENT	LANDLORD/MORTGAGE COMPANY
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BUSINESS PHONE W/ AREA CODE	SELF-EMPLOYED?	BUSINESS/EMPLOYER NAME	OCCUPATION	LENGTH OF EMPLOYMENT
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PREVIOUS EMPLOYER NAME (IF WITH CURRENT EMPLOYER FOR LESS THAN 2 YEARS)	OCCUPATION	LENGTH OF EMPLOYMENT
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GROSS MONTHLY INCOME	ADDITIONAL MONTHLY INCOME AND SOURCE <small>(ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED)</small>	DO YOU OWN AGRICULTURAL LAND OR LIVESTOCK, OR ARE YOU ENGAGED IN THE PRODUCTION OF AGRICULTURAL PRODUCTS OR RELATED SERVICES?
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PERSONAL REFERENCES (TWO REQUIRED)	NAME	ADDRESS	CITY	STATE	ZIPCODE	HOME PHONE W/ AREA CODE
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CO-APPLICANT OR OTHER PARTY INFORMATION:

FULL LEGAL NAME	DATE OF BIRTH	US CITIZEN?	SOCIAL SECURITY NUMBER
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REQUIRED: DRIVERS LICENSE NUMBER:	STATE:	EXPIRES:	
CURRENT STREET ADDRESS	CITY	STATE	ZIPCODE
			LENGTH AT RESIDENCE

PREVIOUS STREET ADDRESS	CITY	STATE	ZIPCODE	LENGTH AT RESIDENCE
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HOME PHONE W/ AREA CODE	OWN/RENT/OTHER	MONTHLY PAYMENT	LANDLORD/MORTGAGE COMPANY
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BUSINESS PHONE W/ AREA CODE	SELF-EMPLOYED?	BUSINESS/EMPLOYER NAME	OCCUPATION	LENGTH OF EMPLOYMENT
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APPLICANT SIGNATURE	DATE
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CO-APPLICANT SIGNATURE	DATE
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DEALER / PURCHASING INFORMATION

ITEM BEING FINANCED _____

NEW/USED	YEAR	MAKE	MODEL
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DON JOHNSON SALES INC
900 SOUTH 9TH AVE
WALLA WALLA WA 99362
TEL 800-831-0875
FAX 509-529-8389

Sales Person _____

Desired Monthly Payment	Monthly Term
<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
Purchase Price	_____
Trade-in	_____
Payoff	_____
Net Trade-in	_____
Cash Down	_____
Net Down Payment	_____
Net Price	_____
Sales Tax	_____
Other Fees	_____
Other Fees	_____
AMOUNT TO FINANCE	_____