

MOTOR VEHICLE CREDIT APPLICATION FOR PURCHASE OR LEASE



362 2nd Street Pike
Southampton, PA 18966

t: 215-800-0018

f: 215-689-4286

e: info @wwaleasing.com

Sales Associate: _____

SECTION A. APPLICANT

Last Name		First Name	
Social Security #		D.O.B.	
Home Address		City	State Zip
Home Phone#		Cell Phone#	
Email Address			
Do you <input type="checkbox"/> Own <input type="checkbox"/> Rent		Monthly Mortgage or Rent Amount (\$)	How Long?
Previous Address (If less than 2 years at current residences)			How Long?

SECTION B. EMPLOYMENT INFORMATION

Business Name			
Business Address		City	State Zip
Employer's Phone #			How Long?
Occupation			
Gross Annual Income (\$)		Other Income Source/Amount (\$)	

I (we) certify the above information is complete and accurate.
I (we) authorize an investigation of my (our) credit and
employment history, and release of any related information. I
(we) authorize you to exchange credit information with others
in connection with this application. I (we) have not obligations
except as shown in this application and no undisclosed
lawsuits or judgements are entered against me (us).

.....
Applicant's Signature

.....
Date

Please complete the credit application and fax to 215-689-4286 with a clear copy of your driver's licence