

Consumer Credit Application

Dealer Name: Sidewayz Marine, LLC	Contact Name: Ron Pfizenmaier	Phone Number: (970) 224-3334	Fax Number: (970) 224-3372
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Applicant's Name	Date of Birth	Social Security Number	Home Phone Number	# of Depend
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Current Address	City	State	ZIP	# of Years	Monthly Payment	Own	Rent
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Previous Address	City	State	ZIP	# of Years	Driver's License #	Exp. Date
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Employer Name and Address	# of Years	Work Phone Number	Self Emp
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Occupation	Gross Mo Income	Other Income	Source	Previous Employer	# of Years
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CoApplicant's Name	Date of Birth	Social Security Number	Home Phone Number	# of Depend
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Current Address	City	State	ZIP	# of Years	Monthly Payment	Own	Rent
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Previous Address	City	State	ZIP	# of Years	Driver's License #	Exp. Date
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Employer Name and Address	# of Years	Work Phone Number	Self Emp
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Occupation	Gross Mo Income	Other Income	Source	Previous Employer	# of Years
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Purchase Information		Boat Information		Motor Information		Trailer Information		Trade Description
Sale Price:		NEW	USED	NEW	USED	NEW	USED	
Lic/Title:		Year:		Year:		Year:		Year:
Sales Tax:		Make:		Make:		Make:		Make:
Subtotal:		Model:		Model:		Model:		Model:
Cash Down:								
Trade:		Dealer Cost for Package:						Low Book Value:
Finance Amount:								

I authorize you to obtain information from any source, including but not limited to, any credit reporting agency, my employer, or any other source you deem necessary to grant credit. All information provided above is true and accurate to the best of my knowledge.

Applicant _____ Date _____

CoApplicant _____ Date _____

Does either the applicant or joint applicant have any of the following?
 Bankruptcy: Y N Repossession: Y N Foreclosure: Y N