

Jimmy Bellamy - Advisor  
Call or Fax 866-824-9741

# Max Plus Finance Information Package

Date: \_\_\_\_\_

Customer: \_\_\_\_\_

## Release Authorization

I, \_\_\_\_\_, authorize the following organizations and/or individuals to release the following information to:

### Landlord (current and previous)

Payment history, rental amount, date of rental agreement and other names of the rental agreement. Name \_\_\_\_\_ phone# \_\_\_\_\_

### Mortgage Company

Date of loan, payment amount, loan status, and payment history.

### Bank or Credit Unions

Savings and checking account balances, checking entry status and payment history, current and /or previous loans.

### Employer

Hire date, social security number, and gross income, position, full or part time status, hours worked per week.

### Creditors

Social security number, date account opened, high credit amount, current balance, terms of the loan, payment amount, date of last payment, next payment, next payment due date, credit history, collateral, collection efforts.

Buyer \_\_\_\_\_ Date \_\_\_\_\_

Co buyer \_\_\_\_\_ Date \_\_\_\_\_

### Attached stipulations in order:

1. Original Credit Application
2. Driver's license(s) / Proof of insurance
4. Current pay stubs
5. Complete Phone Bill
6. Current utility bill
7. Proof of residence
8. Six references name, numbers, and addresses

# CUSTOMER STATEMENT

## APPLICANT INFORMATION

PRINT FULL NAME	FIRST	MIDDLE	LAST	JR SR	SOCIAL SECURITY NUMBER	DATE OF BIRTH	HOME PHONE
PRESENT ADDRESS	NUMBER & STREET				CITY - STATE - ZIP		YRS LIVED THERE MONTHS
RENT ( ) OWN ( )	LANDLORD OR MORTGAGE COMPANY				MONTHLY PAYMENT OR RENT		\$
PREVIOUS ADDRESS	NUMBER & STREET				CITY - STATE - ZIP		YRS LIVED THERE MONTHS
EMPLOYED BY: SELF ( ) OTHERS ( )	NAME OF FIRM			BUSINESS ADDRESS		YRS HOW LONG MONTHS	BUSINESS PHONE
JOB TITLE	GROSS INCOME \$ MO	NAME OF PREVIOUS EMPLOYER			ADDRESS		YRS HOW LONG MONTHS
Alimony, child support or separate maintenance income need not be revealed if you do not wish it considered as a basis for repaying this obligation.							
TYPE OF OTHER INCOME		SOURCE					INCOME \$ MO
PERSONAL REFERENCE		NAME			ADDRESS		PHONE
PERSONAL REFERENCE		NAME			ADDRESS		PHONE
BANK ACCOUNT	NAME OF BANK		BRANCH AND CITY		CHECKING ( ) SAVINGS ( ) NO ACCOUNT ( )	ACCOUNT NUMBER	
LAST CAR FINANCED	NAME OF CREDITOR			BALANCE DUE OR DATE PAID		TRADING THIS CAR? YES ( ) NO ( )	
THE CAR WILL BE REGISTERED IN THE NAME OF		NUMBER AND STREET		CITY - STATE - ZIP		DRIVERS LICENSE NUMBER	

## CO-APPLICANT INFORMATION

PRINT FULL NAME	FIRST	MIDDLE	LAST	JR SR	SOCIAL SECURITY NUMBER	DATE OF BIRTH	HOME PHONE
PRESENT ADDRESS	NUMBER & STREET				CITY - STATE - ZIP		YRS LIVED THERE MONTHS
RENT ( ) OWN ( )	LANDLORD OR MORTGAGE COMPANY				MONTHLY PAYMENT OR RENT		\$
PREVIOUS ADDRESS	NUMBER & STREET				CITY - STATE - ZIP		YRS LIVED THERE MONTHS
EMPLOYED BY: SELF ( ) OTHERS ( )	NAME OF FIRM			BUSINESS ADDRESS		YRS HOW LONG MONTHS	BUSINESS PHONE
JOB TITLE	GROSS INCOME \$ MO	NAME OF PREVIOUS EMPLOYER			ADDRESS		YRS HOW LONG MONTHS
Alimony, child support or separate maintenance income need not be revealed if you do not wish it considered as a basis for repaying this obligation.							
TYPE OF OTHER INCOME		SOURCE					INCOME \$ MO
PERSONAL REFERENCE		NAME			ADDRESS		PHONE
PERSONAL REFERENCE		NAME			ADDRESS		PHONE
BANK ACCOUNT	NAME OF BANK		BRANCH AND CITY		CHECKING ( ) SAVINGS ( ) NO ACCOUNT ( )	ACCOUNT NUMBER	
LAST CAR FINANCED	NAME OF CREDITOR			BALANCE DUE OR DATE PAID		TRADING THIS CAR? YES ( ) NO ( )	
THE CAR WILL BE REGISTERED IN THE NAME OF		NUMBER AND STREET		CITY - STATE - ZIP		DRIVERS LICENSE NUMBER	

I certify that the above information is complete and accurate. I authorize investigation of my credit and employment history and the release of information to lending sources of seller's choice. DATE

APPLICANT SIGNS \_\_\_\_\_

CO-APPLICANT SIGNS \_\_\_\_\_

## References

Customer Name (print) \_\_\_\_\_  
List 8 references (please complete all items for each reference).

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State/Zip \_\_\_\_\_  
Phone No \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State/Zip \_\_\_\_\_  
Phone No \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State/Zip \_\_\_\_\_  
Phone No \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State/Zip \_\_\_\_\_  
Phone No \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State/Zip \_\_\_\_\_  
Phone No \_\_\_\_\_

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City \_\_\_\_\_  
State/Zip \_\_\_\_\_  
Phone No \_\_\_\_\_

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City \_\_\_\_\_  
State/Zip \_\_\_\_\_  
Phone No \_\_\_\_\_

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City \_\_\_\_\_  
State/Zip \_\_\_\_\_  
Phone No \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State/Zip \_\_\_\_\_  
Phone No \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State/Zip \_\_\_\_\_  
Phone No \_\_\_\_\_

Customer signature \_\_\_\_\_

**Work History**  
3 or more years history  
Current Employer

Customer Name (print) \_\_\_\_\_

Co. Name \_\_\_\_\_ Phone \_\_\_\_\_

Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_

**Previous Employment**

Co. Name \_\_\_\_\_ Phone \_\_\_\_\_

Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Co. Name \_\_\_\_\_ Phone \_\_\_\_\_

Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Co. Name \_\_\_\_\_ Phone \_\_\_\_\_

Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Co. Name \_\_\_\_\_ Phone \_\_\_\_\_

Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Customer signature \_\_\_\_\_

**Residence History**  
**Current Residence**

Customer Name (print) \_\_\_\_\_

Address \_\_\_\_\_

Landlord Name \_\_\_\_\_ Phone \_\_\_\_\_

How long? \_\_\_\_\_ Best Time to contact \_\_\_\_\_

**Previous Residence**

Address \_\_\_\_\_

Landlord Name \_\_\_\_\_ Phone \_\_\_\_\_

Best Time to contact \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_

Landlord Name \_\_\_\_\_ Phone \_\_\_\_\_

Best Time to contact \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_

Landlord Name \_\_\_\_\_ Phone \_\_\_\_\_

Best Time to contact \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_

Customer Signature \_\_\_\_\_

## Statement of Derogatory Credit

Please provide a brief statement as to what has happened.

Customer Name \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_, 20\_\_\_\_\_

Attached to and made a part of the retail installment contract dated this date between \_\_\_\_\_ as seller and \_\_\_\_\_ as Buyer.

Buyer and Seller intend that this contract will be assigned by Seller. In the event Seller is unable to assign this contract within 3 business days of the date hereof, this contract shall be null and void and Buyer, immediately upon notice by Seller, either shall return the vehicle described herein to Seller or pay to Seller the unpaid balance of the cash price thereof. If Buyer returns the vehicle, Seller shall refund all deposits made by the Buyer, and Buyer shall pay to Seller the cost of repair of any damage occurring to the vehicle while in Buyer's possession.

Seller \_\_\_\_\_

By \_\_\_\_\_

Buyer \_\_\_\_\_

Co-Buyer \_\_\_\_\_