



Member: AMA Group of Companies

# AUTO LOAN APPLICATION

## Individual

All information will be treated strictly confidential

**IMPORTANT: PLEASE FILL UP THIS FORM COMPLETELY TO FACILITATE PROCESSING OF YOUR LOAN APPLICATION**

APPLICATION No.:
DEALER:
SALES REP.:
DATE:

<b>ITEMS APPLIED FOR</b>	TYPE			SPECIFICATIONS		
	<input type="checkbox"/> Auto	<input type="checkbox"/> AUV	<input type="checkbox"/> LCV	<input type="checkbox"/> New	Brand	Type
	<input type="checkbox"/> Trucks	<input type="checkbox"/> Others		<input type="checkbox"/> Used		Year Model
	Accessories:					
	Cash Price:	Downpayment:	Amount Financed:	Term:		

<b>A P P L I C A N T</b>	Last Name	First Name	Middle Name	Status: <input type="checkbox"/> Single <input type="checkbox"/> Married	Birthday
	Spouse's Last Name	First Name	Middle Name	<input type="checkbox"/> Widowed <input type="checkbox"/> Separated	
	Home Address			Number of Dependents	Education: <input type="checkbox"/> Elem. <input type="checkbox"/> High School <input type="checkbox"/> College <input type="checkbox"/> Post Graduate
	Previous Address				
	<input type="checkbox"/> Owned	<input type="checkbox"/> Free Living with Parents	Lived There	Telephone Numbers	
	<input type="checkbox"/> Rented	<input type="checkbox"/> Others	Years Months		

<b>E M P L O Y M E N T</b>	Present Employer / Own Business		
	Business Address		
	Business Phone	How long on Job Years Months	Position
	Previous Employer	How long on Job Years Months	
	Address		Tel. No.

<b>N E T I N C O M E</b>	Own Monthly Salary	P _____
	Spouse's Monthly Salary	P _____
	Other Income From:	P _____
	_____	P _____
	_____	P _____
	Total Monthly Income	P _____
	Fixed Monthly Obligations	_____
	Other Living Expenses	_____
Net Monthly Income	P _____	

<b>S P O U S E</b>	Spouse's Employer		
	Spouse's Employer Address		
	Business Phone	How long on Job Years Months	Position
	Spouse's Home address if Different From Applicant		Tel. No.

<b>P E R S O N A L &amp; C R E D I T R E F</b>	1. Any Two Children Studying		School	Course	Year / Grade
	2. _____				
	1. Nearest Relative Not Living With You		Address	Relationship	Telephone Number
	2. _____				
	1. Personal References		Address	Telephone Number	
	2. _____				
	3. _____				
	Credit Reference	Address & Telephone Number	Account No./ Type of Loan	Monthly Payment	Outstanding Balance
	Credit Card/s Held	Savings Account At	Current Account At	Last Financing By	

Res. Cert.	Issued at	Date	TIN	SSS No.
ACR No.	Issued at	Date	Verification OR No.	Date

I hereby certify that all data and statement in this application are correct and complete, and are made for the purpose of obtaining credit and the signatures appearing thereon are genuine I authorized you to obtain such information as you may require concerning the statements made in this application and that the sources to which you may apply are authorized to provide any information relative to this application. I agree the application may remain your property whether the credit is granted or not.

Encircle Desired Payment Date / 1 / 15 / 25 / 30	Signature of Applicant	Signature of Spouse
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<b>FOR BANKS USE</b>	PURPOSE	SIZE OF FIRM:	NATIONALITY:	BORROWER:
	ACTION TAKEN <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	TERMS & CONDITIONS: <input type="checkbox"/> Postdated Checks <input type="checkbox"/> Spouse as Co-maker <input type="checkbox"/> Financial / Bank Stmtms <input type="checkbox"/> Signed Credit Application		