



FreedomRoad
Financial GET OUT
AND RIDE®

phone 1.866.455.ROAD (7623)

FreedomRoad Financial
10605 Double R Blvd, Suite 100
Reno, NV 89521

CUSTOMER CREDIT APPLICATION

Dealer Completes This Section		Finance Promotion: <input type="checkbox"/> Yes, Term _____ Rate _____ <input type="checkbox"/> No	Selling Price _____
Date _____	Sales Person <u>ROBERT WALLACE</u>		Extended Service Plan _____
Dealer Name <u>CENTRAL JERSEY CYCLES</u>			GAP _____
Term _____	Down Payment _____	Requested Amount Financed _____	Road Hazard, Roadside Assistance, Theft _____
<input type="checkbox"/> New <input type="checkbox"/> Used	Year _____	Make _____	Other _____
		Model _____	Accessories _____
			Taxes _____
			Total Cash Price _____

Important: Applicant(s) Must Read These Directions Before Completing This Application

Notice to Applicant(s) – Print clearly, use dark ink. Provide all information requested. Failure to provide legible and complete information as requested in this credit application may delay review of your credit application.

Check Appropriate Box:

- ☐ If you are applying for **INDIVIDUAL** credit in your name, and you are not relying on the creditworthiness of another person as the basis for repayment of the credit requested, complete the *Applicant Information* section.
- ☐ If you are applying for **JOINT** credit with another person, complete both *Applicant Information* and *Joint/Co-Signer Applicant Information* sections. We intend to apply for **JOINT** credit, please initial as applicable:
☐ Applicant (Initials) _____ ☐ Joint Applicant (Initials) _____

Applicant Information

Full Name _____

Date of Birth _____ SS# _____

Email Address _____

Current Mailing Address: ☐ Own ☐ Rent ☐ Other

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

How long have you lived here? _____ Monthly Housing Payment _____

Physical Address (if different from current mailing address):

Address _____

City _____ State _____ Zip _____

Current Employer:

Name _____

Work Phone _____

Gross Income per Month _____ How long have you worked here? _____

Other Income Amount* _____ Other Income Source* _____

☐ Joint / ☐ Co-Signer Applicant Information

Full Name _____ Relationship _____

Date of Birth _____ SS# _____

Email Address _____

Current Mailing Address: ☐ Same as Applicant ☐ Own ☐ Rent ☐ Other

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

How long have you lived here? _____ Monthly Housing Payment _____

Physical Address (if different from current mailing address):

Address _____

City _____ State _____ Zip _____

Current Employer:

Name _____

Work Phone _____

Gross Income per Month _____ How long have you worked here? _____

Other Income Amount* _____ Other Income Source* _____

*Alimony, child support, and/or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.

Member FDIC

