

MAY AUTO (15280 SW Pacific Hwy. Tigard, OR 97224) credit application
(503) 968-1111 phone (503) 968-1116 fax

Applicant info:

Name _____ home phone _____ cell Phone _____

Date of birth _____ SSN# _____ - _____ - _____ Driver Lic# _____

Current address: _____

City _____ State _____ Zip _____

Rent[] Own[] Other[] Time at residence _____ Monthly rent \$ _____

Previous address: _____ City _____ Time at residence _____

Current Employer _____ Position _____

Start date _____ Work phone _____ Gross monthly salary \$ _____

Previous Employer _____ Time on job _____

Co-applicant info:

Name _____ home phone _____

Date of birth _____ SSN# _____ - _____ - _____ Driver Lic# _____

Current address: _____

City _____ State _____ Zip _____

Rent[] Own[] Other[] Time at residence _____ Monthly rent \$ _____

Current Employer _____ Position _____

Start date _____ Work phone _____ Gross monthly salary \$ _____

Previous Employer _____ Time on job _____

SIGNITURES- By submitting this application, I certify that all information herein is true and complete. I authorize lending institutions and participating auto dealer to retain this application, to rely on the foregoing, to check and verify my credit, employment and salary history.

X _____ date: _____
Applicants signature

X _____ date: _____
Co- Applicants signature