



**A-Plus Auto Connections, Inc.**

## CLIENTS AUTOMOTIVE APPLICATION FORM

Name of Vehicle Model You're Seeking to Purchase?	What's Your Monthly Payment You're Seeking?

### Customer Information Section One:

Customer Full Name:	Social Security No#	Date of Birth:

Address:	Email:

City:	State:	Zip Code:	Phone:

### Customer Information Section Two:

#### Customer(s) Credit Score:

(1) Customer Full Name:	Credit Score:
(2) Customer Full Name:	Credit Score:

### Customer Information Section Three:

#### Customer Down Payment Amount:

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### Customer Financial Information:

Have you ever filed a petition in bankruptcy?	Yes	No	
Are you subject to any litigation?	Yes	No	If so, describe:

We declare that the above information is true, correct and complete and is given to introduce this Customer to the Company and there assign Auto-Dealerships and their Banks / Finance Institutions Nationwide to extend credit to this customer(s) We authorize the Company to make such credit investigations as the Company and their assign Auto-Dealerships and Banks / Finance Institutions at their own discretion, but not limit to contacting trade references and banks and obtaining credit reports. We authorize all trade references, banks and credit reporting agencies to disclose to the Company and their assign Auto-Dealerships / Banks / Finance Institutions any and all information concerning the financial and credit history of myself.

I have read the terms and conditions stated below and agree to all terms and conditions.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Approved By: A-Plus Auto Connections, Inc. \_\_\_\_\_ Date: \_\_\_\_\_