

**VIP FINANCE OF TEXAS, INC. LOAN APPLICATION**

First Name: \_\_\_\_\_  
 Last Name: \_\_\_\_\_  
 Middle Name: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_  
 SSN: \_\_\_\_\_  
 DL Number: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 City and County: \_\_\_\_\_  
 Zip: \_\_\_\_\_  
 Employer: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 City and Zip: \_\_\_\_\_

Annual Gross Income: \_\_\_\_\_

**(1) Marital Status:** Single Married Divorced Widowed

**(2) Are you or your spouse active duty military?** Y N

**(3) Please list four references.**

**Reference #1 Name:** \_\_\_\_\_

Reference #1 Phone: \_\_\_\_\_

Reference #1 Address: \_\_\_\_\_  
 \_\_\_\_\_

**Reference #2 Name:** \_\_\_\_\_

Reference #2 Phone: \_\_\_\_\_

Reference #2 Address: \_\_\_\_\_  
 \_\_\_\_\_

**Reference #3 Name:** \_\_\_\_\_

Reference #3 Phone: \_\_\_\_\_

Reference #3 Address: \_\_\_\_\_  
 \_\_\_\_\_

**Reference #4 Name:** \_\_\_\_\_

Reference #4 Phone: \_\_\_\_\_

Reference #4 Address: \_\_\_\_\_  
 \_\_\_\_\_

**(4) Who are your five largest creditors?**

**Creditor #1:** \_\_\_\_\_

Payment: \_\_\_\_\_

Balance Owed: \_\_\_\_\_

**Creditor #2:** \_\_\_\_\_

Payment: \_\_\_\_\_

Balance Owed: \_\_\_\_\_

**Creditor #3:** \_\_\_\_\_

Payment: \_\_\_\_\_

Balance Owed: \_\_\_\_\_

**Creditor #4:** \_\_\_\_\_

Payment: \_\_\_\_\_

Balance Owed: \_\_\_\_\_

**Creditor #5:** \_\_\_\_\_

Payment: \_\_\_\_\_

Balance Owed: \_\_\_\_\_

**VEHICLE INFORMATION**

**(1) What type of insurance do you carry on the vehicle?**

(a) Liability Yes No

(b) Comprehensive and Collision Yes No

(c) Mechanical Breakdown Yes No

**(2) Who is the primary driver of the vehicle? (circle one)**

Applicant Co-Applicant Other

If Other, please provide the following information:

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_

City and Zip: \_\_\_\_\_

DL Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

SSN: \_\_\_\_\_

Relationship: \_\_\_\_\_

**My signature below certifies the above information is true and correct.**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date