



OVER KILL MOTORSPORTS

6599 State Road 21 North
 Keystone Heights, FL 32656
 1-352-473-5455 Phone
 1-352-473-5445 Fax
 sales@okmotorsports.com

APPLICANT

First			Middle			Last			Social Security No.			No. of Dep's		Birthdate		Age		
Address (No. St.) Need Min. 3 Yrs. History								City and State				Zipcode		How Long		Mother's Maiden name		Married = M Single = S Widowed = W
Own = O Rent = R Parents = P		Purchase Price \$		Balance Owed \$		Monthly Payment \$		Mt. Holder/Landlord						Market Value				
Previous Address						City and State				ZipCode		How Long (yrs./mo.)			Home Telephone No.			
NOTICE – Alimony, child support or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.																		
Current Employer						Occupation				Office Tele. No.			Gross Monthly Pay			How Long (yrs./mo.)		
Previous Employer (if less than 3 years at current)						Occupation				Office Tele. No.			Gross Monthly Pay			How Long (yrs./mo.)		
Other Income Monthly \$		Source of Other Income						Bank Reference with						Checking _____ Savings _____		Credit Card: ___ = Mastercard/Visa ___ = Store/Other		
NEAREST RELATIVE		Name				Address						Telephone No. ()						

JOINT APPLICANT

First			Middle			Last			Social Security No.			No. of Dep's		Birthdate		Age		
Address (No. St.) Need Min. 3 Yrs. History								City and State				Zipcode		How Long		Mother's Maiden name		Married = M Single = S Widowed = W
Own = O Rent = R Parents = P		Purchase Price \$		Balance Owed \$		Monthly Payment \$		Mt. Holder/Landlord						Market Value				
Previous Address						City and State				ZipCode		How Long (yrs./mo.)			Home Telephone No.			
NOTICE – Alimony, child support or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.																		
Current Employer						Occupation				Office Tele. No.			Gross Monthly Pay			How Long (yrs./mo.)		
Previous Employer (if less than 3 years at current)						Occupation				Office Tele. No.			Gross Monthly Pay			How Long (yrs./mo.)		
Other Income Monthly \$		Source of Other Income						Bank Reference with						Checking _____ Savings _____		Credit Card: ___ = Mastercard/Visa ___ = Store/Other		
NEAREST RELATIVE		Name				Address						Telephone No. ()						



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COLLATERAL: (circle one) Motorhome Trailer LQ Trailer Boat Other

Year	Make	Model	Serial # or VIN
Description of Collateral and options			N = NEW U = USED
Invoice	MSRP	Residual	Mileage Term Requested

LOAN REQUESTED

TRADE DESCRIPTION

Cash Price w/ T,T,& L _____ Trade in Value _____ Amount Owed _____ Net Trade Value _____ Cash Down _____ Total Down Payment _____ Unpaid Balance to Finance _____	Year _____ Make _____ Model _____ (circle one): Motorhome Trailer LQ Trailer Boat Auto
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You represent that all information in this application is accurate and complete, that you are competent to enter into contracts, that no bankruptcy proceeding is in progress or anticipated which involves you and that no additional applications for credit with another lender have recently been submitted or will be submitted by you prior to our consideration of this application. We are not obligated to grant you credit and we may retain this application whether or not credit is granted. You agree to pay all fees in connection with this application and your loan. You authorize us to obtain information from others concerning your credit standing and other relevant information impacting on this application and to provide to others information about our experience with you. Except as otherwise prohibited by law, you agree and consent that we may share all information about you that may be obtained for, among other things, the purpose of evaluating credit applications or offering you products or services that may be of interest to you.

Applicant's Signature	Date	Co-Applicant's Signature	Date
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