

YOUNG'S AUTO PARTS & RECYCLING LOAN APPLICATION FORM

APPLICATION TYPE INDIVIDUAL JOINT

CUSTOMER INFORMATION

SSN DOB

FIRST NAME MI LAST NAME

STREET ADDRESS

CITY STATE ZIP

PRIMARY PHONE

SECONDARY PHONE

EMAIL

RESIDENCE AT RESIDENCE SINCE

SELF OR SPOUSE
LANDLORD
MILITARY
RELATIVE

LANDLORD NAME

FINANCIAL INFORMATION

BANKING INFORMATION

BANK NAME SAVINGS CHECKING

DOWN PAYMENT AMOUNT

PRE-PAID CREDIT CARD

MONTHLY BUDGET

PRIMARY EMPLOYMENT INFORMATION

EMPLOYERS NAME BEGINNING DATE

STREET ADDRESS

CITY STATE ZIP

PHONE NUMBER

INCOME TYPE
EMPLOYEE (GET W-2)
SELF EMPLOYED (NO W-2)
FIXED INCOME
UNEMPLOYED
CASH INCOME
TEMP SERVICE EMPLOYEE

MONTHLY INCOME

WEEKLY
BI-WEEKLY
MONTHLY

*** MINIMUM MONTHLY PAYMENT MUST BE \$150**