

STERLING ASSOCIATES APPLICATION FOR FINANCING

TEL. (800) 286-8073 / FAX (508) 234-1557 / WWW.BOATBANKER.COM

PURCHASE REFINANCE REF/REPOWER NEW USED INDIVIDUAL JOINT CORPORATE PARTNERSHIP TRUST LLC

REGULATION B NOTICE – REQUIRED FOR JOINT APPLICATIONS INTENT TO APPLY JOINTLY MUST BE SHOWN BY INITIALING THE LINES BELOW
ACKNOWLEDGMENT BY CO-APPLICANT: By providing Co-Applicant information, you confirm your intent to apply for joint credit and be jointly liable for the debt.
 APPLICANT: _____ CO-APPLICANT: _____

PURCHASE PRICE	BOAT YEAR	BOAT MAKE	BOAT MODEL	LENGTH	<input type="checkbox"/> FIBERGLASS <input type="checkbox"/> METAL <input type="checkbox"/> OTHER
SALES TAX	ENGINE YEAR	ENGINE MAKE	H.P. (EACH)	<input type="checkbox"/> GASOLINE <input type="checkbox"/> DIESEL	<input type="checkbox"/> SINGLE <input type="checkbox"/> TWIN <input type="checkbox"/> TRIPLE
DOWN PAYMENT	TRAILER YEAR	TRAILER MAKE			
FINANCE AMOUNT	TRADE YEAR	TRADE MAKE	TRADE MODEL	LENGTH	<input type="checkbox"/> FIBERGLASS <input type="checkbox"/> METAL <input type="checkbox"/> OTHER
SELLER/BROKER/DEALER	INTENDED USE	REQUESTED TERM	HOW DID YOU HEAR OF US?	STERLING CONTACT	

APPLICANT					
FULL NAME	SOCIAL SECURITY NUMBER		DATE OF BIRTH	ARE YOU A US CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO	
STREET ADDRESS	CITY	STATE	ZIP CODE	MO. RENT	YEARS THERE
EMPLOYER NAME / ADDRESS	POSITION/TITLE		TOTAL ANNUAL INCOME	YEARS THERE	
HOME PHONE	WORK PHONE	CELL PHONE	EMAIL ADDRESS		

CO-APPLICANT					
FULL NAME	SOCIAL SECURITY NUMBER		DATE OF BIRTH	ARE YOU A US CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO	
STREET ADDRESS	CITY	STATE	ZIP CODE	MO. RENT	YEARS THERE
EMPLOYER NAME / ADDRESS	POSITION/TITLE		TOTAL ANNUAL INCOME	YEARS THERE	
HOME PHONE	WORK PHONE	CELL PHONE	EMAIL ADDRESS		

CREDIT INFORMATION (ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED IF APPLICANT(S) DO(ES) NOT WISH IT TO BE CONSIDERED FOR REPAYING THIS OBLIGATION)

HAS AN APPLICANT DECLARED BANKRUPTCY IN THE LAST 14 YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO	DOES AN APPLICANT MAKE CHILD SUPPORT OR ALIMONY PAYMENTS? <input type="checkbox"/> YES <input type="checkbox"/> NO
REASON FOR FILING:	MONTHLY PAYMENT: _____ PAYMENTS END ON: _____

ASSETS			LIABILITIES			
CURRENT ASSETS			TOTAL OF BALANCES	CREDIT CARDS/LINES OF CREDIT	MO. PAYMENT	TOTAL OF BALANCES
CHECKING/SAVINGS/MONEY MARKET ACCOUNTS						
BROKERAGE ACCOUNTS						
RETIREMENT ACCOUNTS (401K, IRA, ETC)						
TOTAL				TOTAL		
REAL ESTATE DESCRIPTION	INCOME PROP? <input type="checkbox"/> YES <input type="checkbox"/> NO	RENT INCOME	ESTIMATED VALUE	REAL ESTATE LOANS	MO. PAYMENT	BALANCE
	<input type="checkbox"/> YES <input type="checkbox"/> NO					
	<input type="checkbox"/> YES <input type="checkbox"/> NO					
	<input type="checkbox"/> YES <input type="checkbox"/> NO					
TOTAL				TOTAL		
MISC. ASSETS (AUTOS, BOATS, RV'S, ETC) PLEASE DESCRIBE			ESTIMATED VALUE	MISC. LOANS	MO. PAYMENT	BALANCE
TOTAL				TOTAL		
TOTAL ASSETS				TOTAL LIABILITIES		
			NET WORTH			

All the statements I/We have made are true and correct, and I understand you will rely upon them. Any financial institution or finance company to which applicant or co-applicant (Or seller/broker on behalf of applicant or co-applicant) may apply for financing on the boat described above is hereby authorized to investigate the credit history and capability of applicant or co-applicant. In connection with this credit application or any subsequent credit update or credit renewal, any proposed credit granting party may request a consumer report concerning the applicant and/or co-applicant. The applicant and/or co-applicant may ask whether the creditor obtained such a report. If such a report has been obtained, the applicant and/or co-applicant may request the name and address of the reporting agency that provided the report.

PATRIOT ACT NOTICE – REQUIRED INFORMATION FOR ALL APPLICATIONS
 To help the US Government fight the funding of terrorism and money laundering, federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.

APPLICANT DRIVERS LICENSE #	STATE	DATE ISSUED	DATE EXPIRES	CO-APPLICANT DRIVERS LICENSE#	STATE	DATE ISSUED	DATE EXPIRES
APPLICANT SIGNATURE			DATE	CO-APPLICANT SIGNATURE			DATE