



T: 215-660-0300 www.VIPautoPA.com F: 718.979.9090

1201 Buck Rd, Ste 1, Feasterville, PA 19053

BUSINESS APPLICATION

Company Name: _____

Nature of Business: _____

Federal Tax ID: _____

Years Established: _____

Office Phone Number: _____ Email Address: _____

Office Address: _____

City: _____ State: _____ Zip Code: _____

GUARANTOR

Your Title and % Ownership: _____

First Name: _____ Last Name: _____

SSN: _____ Date of Birth: _____

Primary Phone Number: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Time at Residence _____ Monthly Mortgage/Rent \$ _____

Occupancy Type: Own Rent Mortgage

Mortgage Holder/Landlord: _____

Work Phone Number: _____

Annual Income: \$ _____

How Long? _____

***I CERTIFY THAT THE THIS INFORMATION IS VALID AND UP TO DATE;
*I AUTHORIZE VIP AUTO AND ANY FINANCE COMPANY, BANK, OR OTHER FINANCIAL INSITUION TO WHICH VIP AUTO SUBMITS YOUR APPLICATION TO INVESTIGATE YOUR CREDIT AND EMPLOYMENT HISTORY, OBTAIN CREDIT REPORTS, AND RELEASE INFORMATION ABOUT YOUR CREDIT EXPERIENCE AS THE LAW PERMITS, IN CONNECTION WITH THIS APPLICATION FOR CREDIT.**

Sign: _____ Print: _____ Date: _____