



SALES PERSON NAME: _____ AMOUNT REQUESTED: \$ _____ PRIMARY
 BORROWER:

First Name: _____ Middle Initial: _____ Last Name: _____
 Home Phone: (____) _____ Cell Phone: (____) _____ SSN#: ____ - ____ - ____
 Email Address: _____ @ _____ Date of Birth: ____/____/____
 Gross Monthly Income: \$ _____ Other Income: _____ Source: _____
 Employer's Name: _____ Length of Employment: Yrs: _____ Mths: _____
 YOU DO NOT HAVE TO USE INCOME FROM ALIMONY, CHILD SUPPORT OR MAINTENANCE UNLESS YOU WANT IT CONSIDERED FOR THIS LOAN
 Current Address: _____ Mortgage Payment: _____
 City: _____ State: _____ Zip Code: _____ Time at address: ____ Yrs ____ Mths

Drivers License #/State ID/Passport #: _____ Issue Date: _____ Exp. Date _____

CO-BORROWER:

First Name: _____ Middle Initial: _____ Last Name: _____
 Home Phone: (____) _____ Cell Phone: (____) _____ SSN#: ____ - ____ - ____
 Email Address: _____ @ _____ Date of Birth: ____/____/____
 Gross Monthly Income: \$ _____ Other Income: _____ Source: _____
 Employer's Name: _____ Length of Employment: Yrs: _____ Mths: _____
 YOU DO NOT HAVE TO USE INCOME FROM ALIMONY, CHILD SUPPORT OR MAINTENANCE UNLESS YOU WANT IT CONSIDERED FOR THIS LOAN
 Same Address as Primary Applicant: ___ Yes ___ No (if no please complete address section)
 Current Address: _____ Mortgage Payment: _____
 City: _____ State: _____ Zip Code: _____ Time at address: ____ Yrs ____ Mths

Drivers License #/State ID/Passport #: _____ Issue Date: _____ Exp. Date _____

By signing this application, I authorize Service Finance Company, LLC ("SFC") to process my credit application using all of the information I have provided. I hereby consent to you sharing this information (and whether this application is approved or declined) with interested third parties, including dealers that accept this application. I affirm that the information I have submitted is complete and truthful. I authorize you to make inquires you consider necessary (including requesting reports from consumer reporting agencies and other sources) in evaluating my application and, subsequently, for purposes of reviewing, maintaining or collecting on my account. Upon my request you will advise me of the name and address of each consumer reporting agency from which you obtained a report. I acknowledge that the Dealer will collect information to verify my identity as required by law.

[] WE INTEND TO APPY FOR JOINT CREDIT

APPLICANT SIGNATURE:	DATE:	CO-APPLICANT SIGNATURE:	DATE:
X _____	_____	X _____	_____

Please Submit Application to:
 Tom's Air Conditioning & Heating LLC.
 10263 North State Hwy 5
 Camdenton, MO 65020
 EMAIL TO: tony@tomsairconditioning.com