

Faxed From

LOCATION/COMPANY:	CONTACT PERSON:	PHONE:	LOAN PURPOSE:
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Applicant

LAST NAME:		EMPLOYED BY:	
FIRST NAME:	MIDDLE INITIAL: <input type="checkbox"/> JUNIOR <input type="checkbox"/> SENIOR	OCCUPATION:	
SOCIAL SECURITY NUMBER:		BUSINESS PHONE: ()	
DATE OF BIRTH:	NUMBER OF DEPENDENTS:	TIME ON JOB:	MONTHLY GROSS INCOME: \$ OTHER INCOME: \$
HOME STREET ADDRESS:		SOURCE:	<small>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.</small>
CITY:	STATE:	ZIP CODE:	NAME OF BANK: <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS
HOME PHONE: ()		<input type="checkbox"/> OWN HOME <input type="checkbox"/> RENT <input type="checkbox"/> LIVE WITH PARENTS	
TIME OF RESIDENCE: _____ YEARS _____ MONTHS		MORTGAGE BALANCE: \$	MONTHLY PAYMENTS: \$
NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU:			

1. Will there be a Co-Applicant? Yes No
2. Will Applicant rely on income of Co-Applicant as a basis for repayment of this loan? Yes No

Optional

3. Will Applicant rely on income from the following as a basis to repay this loan? Yes No
 - Alimony
 - Child Support
 - Separate Maintenance
 - Under Court Order
 - Written Agreement
 - Oral Agreement

Answer only if Applicant desires. State amount to be received monthly: \$ _____

Co-Applicant (If Applicant has answered yes to question 1, please complete Co-Applicant section.)

Co-Applicant Guarantor

LAST NAME:		EMPLOYED BY:	
FIRST NAME:	MIDDLE INITIAL: <input type="checkbox"/> JUNIOR <input type="checkbox"/> SENIOR	OCCUPATION:	
SOCIAL SECURITY NUMBER:		BUSINESS PHONE: ()	
DATE OF BIRTH:	NUMBER OF DEPENDENTS:	TIME ON JOB: _____ YEARS _____ MONTHS	MONTHLY GROSS INCOME: \$ OTHER INCOME: \$
HOME STREET ADDRESS:		SOURCE:	<small>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.</small>
CITY:	STATE:	ZIP CODE:	NAME OF BANK: <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS
HOME PHONE: ()		<input type="checkbox"/> OWN HOME <input type="checkbox"/> RENT <input type="checkbox"/> LIVE WITH PARENTS	
TIME OF RESIDENCE: _____ YEARS _____ MONTHS		MORTGAGE BALANCE: \$	MONTHLY PAYMENTS: \$
NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU:			

Transaction Detail

<input type="checkbox"/> NEW <input type="checkbox"/> USED <input type="checkbox"/> OTHER	YEAR:	CYL:	MAKE:	BODY TYPE:	MODEL:	1. Cash Price (include taxes, official fees, if any) \$ _____ 2. Down Payment - Cash \$ _____ Factory Rebate \$ _____ Present Equity in Trade-in \$ _____ Total Down Payment \$ _____ 3. Cash Sale Price - less down payment \$ _____ 4. Number of Payments _____
LIST OPTIONAL EQUIPMENT:						
MSRP:	INVOICE:	MILEAGE:	CREDITOR: (IF REFINANCE)			
TRADE IN:						
OTHER:						

The above statements are submitted for the purpose of obtaining credit and are certified to be true and correct. I/We agree that the usual credit inquiries may be made to verify statements. I/We agree that this application shall remain the property of the bank whether or not credit is granted. Unless I write to Commerce Bank, P.O. Box 419248, Kansas City, MO 64141-6248, I agree that Commerce Bank and its affiliates may share information about me or my account for marketing and administrative purposes.

APPLICANT SIGNATURE _____	DATE _____	CO-APPLICANT SIGNATURE _____	DATE _____
		GUARANTOR SIGNATURE _____	DATE _____