



BANK OF DENVER

810 East 17th Avenue • 303-572-3600 • Fax 303-623-3395
www.thebankofdenver.com

Amount Requesting \$ _____

Purpose _____

IMPORTANT: READ THESE DIRECTIONS AND CHECK THE APPROPRIATE BOX BEFORE COMPLETING THIS APPLICATION

Please Check one box:

- If you are applying for individual credit in your own name and are relying on your own income or assets and not the income or assets of another person as the basis for repayment of the credit requested, complete all applicable sections.
- If this is an application for joint credit with another person, complete all sections, providing information about the applicant and the joint applicant.
We intend to apply for joint credit (initials) Applicant _____ Co-Applicant _____
- If you are applying for individual credit, but relying on income from alimony, child support or separate maintenance or on the income or assets of another person as the basis for repayment of the credit requested, complete all applicable sections to the extent possible, providing information about the person on whose alimony, support, or maintenance payments or income or assets you are relying.

PLEASE TELL US ABOUT YOURSELF				PLEASE TELL US ABOUT YOUR CO-APPLICANT			
NAME - FIRST, MIDDLE, LAST				NAME - FIRST, MIDDLE, LAST			
ADDRESS		HOW LONG?		ADDRESS		HOW LONG?	
CITY		STATE		CITY		STATE	
ZIP				ZIP			
SS NUMBER		DR. LIC.#		SS NUMBER		DR. LIC.#	
STATE				STATE			
HOME PHONE		WORK PHONE		HOME PHONE		WORK PHONE	
BIRTH DATE				BIRTH DATE			
EMAIL		MOTHERS MAIDEN NAME		EMAIL		MOTHERS MAIDEN NAME	
PREVIOUS ADDRESS		HOW LONG?		PREVIOUS ADDRESS		HOW LONG?	
EMPLOYER				EMPLOYER			
ADDRESS				ADDRESS			
CITY		STATE		CITY		STATE	
ZIP				ZIP			
POSITION		HOW LONG		POSITION		HOW LONG	
GROSS MO. SALARY				GROSS MO. SALARY			
PREVIOUS EMPLOYER		HOW LONG		PREVIOUS EMPLOYER		HOW LONG	
ADDRESS				ADDRESS			
CITY		STATE		CITY		STATE	
ZIP				ZIP			
NAME AND ADDRESS OF RELATIVE NOT LIVING WITH YOU				PHONE		RELATIONSHIP	
NAME AND ADDRESS OF RELATIVE NOT LIVING WITH YOU				PHONE		RELATIONSHIP	
OTHER SOURCES OF INCOME (YOU NEED NOT DISCLOSE INCOME FROM ALIMONY, CHILD SUPPORT OR SEPARATE MAINTENANCE OR THE SOURCE OF SUCH INCOME UNLESS YOU WISH TO HAVE IT CONSIDERED AS A BASIS FOR REPAYING THIS OBLIGATION.)							

PLEASE TELL US ABOUT YOUR FINANCES							
RESIDENCE		MORTGAGE COMPANY/LANDLORD		MARKET VALUE		MONTHLY PMT/RENT	BALANCE OWING
OWN <input type="checkbox"/> RENT <input type="checkbox"/> OTHER _____		\$ _____		\$ _____		\$ _____	\$ _____
OTHER BANK OR SAVINGS & LOAN REFERENCE			CHECKING ACCT.#		SAVINGS ACCT.#		HAVE YOU DECLARED BANKRUPTCY IN THE LAST 10 YEARS? YES <input type="checkbox"/> YR. _____ NO <input type="checkbox"/>
PREVIOUS CAR FINANCED		LENDER		AMOUNT		DATE PAID	
THE CAR WILL BE REGISTERED IN THE NAME OF _____		AT ADDRESS _____		HAVE YOU EVER HAD A GARNISHMENT/JUDGEMENT YES <input type="checkbox"/> YR. _____ NO <input type="checkbox"/>			
NEW <input type="checkbox"/>	YEAR	MAKE	MODEL	2DR /4DR	MILES		TERM REQ. DEALER NAME
USED <input type="checkbox"/>							[_____] [_____]
DESCRIPTION		COLOR		EQUIPMENT			
CASH PRICE WITH TAX OF				\$ _____			
LESS NET TRADE				_____			
CASH.....				_____			
REBATES				_____			
TOTAL DOWN PAYMENT				\$ _____			
UNPAID BALANCE				\$ _____			
PLUS OTHER CHARGES				\$ _____			
TOTAL AMOUNT FINANCED				\$ _____			
VIN#		DLR INVOICE OR W / S BOOK					
TRADE IN	YEAR	MAKE	DESCRIPTION	FINANCED AT _____			
				BALANCE _____			

I/WE HAVE APPLIED FOR CREDIT IDENTIFIED ABOVE. I GIVE THE BANK OF DENVER WHOM I HAVE ASKED TO EXTEND CREDIT TO ME MY PERMISSION TO SUBMIT THIS APPLICATION FOR APPROVAL, AND GIVE THE LENDER PERMISSION TO INVESTIGATE MY CREDIT HISTORY AND FINANCIAL STATUS AND TO ISSUE REPORTS ON MY CREDIT STANDING. IF I AM BEING SUED OR HAVE JUDGEMENTS, GARNISHMENTS OR FORECLOSURES AGAINST ME, OR HAVE EVER BEEN BANKRUPT, I HAVE GIVEN A COMPLETE EXPLANATION ON THE BACK OF THIS APPLICATION: SEE BACK OF APPLICATION

VALID PHOTO ID REQUIRED FOR EACH APPLICANT			
DATE _____		SIGNATURE _____	
DATE _____		SIGNATURE _____	