



Application for Financing

PLEASE PRINT – Incomplete application will NOT be processed. Complete SEPARATE form for each applicant.

Full Name: First Middle Last	Soc. Sec. #	Birth Date / /
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Home Phone: () -	Cell Phone/Beeper: () -	E-Mail address:
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Home Address: Number & Street	City	County	State	Zip Code	Time At Residence? ___ Yrs. ___ Mos.
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Own <input type="checkbox"/>	Mortgage Holder/Landlord Name & Full Address	Mo. Amount
Rent <input type="checkbox"/>		\$
Live w/ parents <input type="checkbox"/>		

Previous Home Address: If above less than 3 years	Number & Street	City	State	Zip Code	Time At Residence? ___ Yrs. ___ Mos.
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Employed	Employed By:	Address	City	State	Zip Code
Retired					
Military					
Unemployed	Do you own this place of business?	YES	NO		

Contact Name/Phone No. ()	Title/Occupation:	Time At Employer? ___ Yrs. ___ Mos	Monthly Income: \$
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Employed	Employed By:	Address	City	State	Zip Code
Retired	If above less than 3 years				
Military					
Unemployed	Did you own this place of business?	YES	NO		

Contact Name/Phone No. ()	Title/Occupation:	Time At Employer: ___ Yrs. ___ Mos.	Monthly Income: \$
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Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for this obligation.

Other Income Information	Source or Kind:	Received From:	Amount (per mo):	Tax Exempt?
			\$	YES NO

Has the applicant filed for bankruptcy within the last 2 years?	YES	NO	YEAR
Has the applicant ever had anything repossessed?	YES	NO	YEAR

Name, Address and Phone Number of Personal References (Persons Not Living with You)

Relative Name	Address	City	State	Zip
Home Phone ()	Work Phone ()	Relationship		
Personal Name	Address	City	State	Zip
Phone ()	Work Phone ()	Relationship		

By signing this credit application, you certify that all of the statements in this application are true and complete and are made for the purpose of obtaining credit. You authorize Sparta Commercial Services, Inc. to share the application and related information with its lending partners in order to complete the processing of this application. You authorize Sparta Commercial Services, Inc. and its lending partners to retain and rely on this application, and to obtain additional information, including credit reports. In addition, you acknowledge that our privacy policy is always available on request at 1-800-882-0778.

Applicant Signature X

Date

Physical Address Where Vehicle Will Be Garaged (No P.O. Box)

Number & Street	City	State	Zip Code
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Desired Down Payment \$	Desired Monthly Payment \$	Desired Term
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DEALER TO COMPLETE MOTORCYCLE DESCRIPTION & PRICE INFORMATION

YEAR	BASE PRICE	DOC FEE
MAKE	ACCESSORIES	LICENSE FEE
MODEL	TOTAL BIKE COST	SETUP FEE
COLOR	WARRANTY	FRT/PREP
MILEAGE	GAP	THEFT PREVENTION(ETCHING)
CC'S	VIN	

*itemize accessories on separate sheet