

Shore Auto Lease

"Where Luxury and Economy Become Reality"®

Call Toll-Free **877-SHORE25**

Fax: 732-942-1603

25 DENBY AVENUE * LAKEWOOD NJ 08701

www.shoreautolease.com

APPLICATION OF CREDIT

NAME	DATE OF BIRTH	CELL PHONE
SOCIAL SECURITY NO.	DAYTIME PHONE	
STREET ADDRESS	EVENING PHONE	
CITY/STATE/ZIP	EMAIL ADDRESS	
DRIVERS LICENSE NO.	EXP. DATE	
CIRCLE ONE: OWN HOME OR RENT	PAYMENT/MONTH	HOW LONG
MORTGAGE CO./LANDLORD NAME	PHONE	
PREVIOUS ADDRESS - STREET/CITY/STATE/ZIP	HOW LONG	

EMPLOYER	INCOME/YR	HOW LONG
ADDRESS - STREET/CITY/STATE/ZIP	POSITION	
SUPERVISOR NAME	PHONE	
PREVIOUS EMPLOYER	INCOME/YR	HOW LONG
ADDRESS - STREET/CITY/STATE/ZIP	PHONE	

PERSONAL BANK NAME	CHECKING ACCOUNT NO.
ADDRESS - CITY/STATE	SAVINGS ACCOUNT NO.
CONTACT PERSON	PHONE
BUSINESS BANK NAME	ACCOUNT NO.
ADDRESS - CITY/STATE	PHONE

OFFICE USE ONLY		
YEAR/MAKE/MODEL		
VEHICLE SALE PRICE	INT. RATE	TERM
DOWN PMT	RESIDUAL	
CAP COST	PAYMENT	

FAX COMPLETED APPLICATION TO: 732-942-1603

SIGNATURE OF APPLICATION

DATE