

Just In Time, Inc.
11 South Nanticoke Avenue
Endicott, New York, 13760
Phone: 607-748-5323 Fax: 607-754-9597

Sales Hours

Mon 9am-6pm
Tues 9am-6pm
Wed 9am-6pm
Thurs 9am-6pm
Fri 9am-6pm
Sat 9am-3pm

Need A Car? We Need.....

Valid Drivers License Social Security Card

Most recent pay stub Utility Bill

(Proof Of Income) (Proof Of Residence)

Five References
(Name, Address, And Phone)

In Order to have your information processed properly and promptly
YOU MUST HAVE ALL OFF THESE ITEMS (located in the box above)
INCLUDING THE APPLICATION FILLED OUT COMPLETELY!
If there are any questions please contact Justin @ (607-748-5323)

For The Car You Need..... The Credit You Deserve

Remember, Just In Time, Inc.

www.justintimeauto.com

PRIMARY BUYER'S INFORMATION

LEGAL NAME OF APPLICANT

NICKNAME

DATE OF BIRTH

SOCIAL SECURITY NUMBER

COUNTY

HOME ADDRESS - NUMBER AND STREET

CITY, STATE, ZIP CODE

YEARS THERE

HOME TELEPHONE NUMBER

CELL TELEPHONE NUMBER

DRIVER'S LICENSE NUMBER

PHOTOCOPY OF DRIVER'S LICENSE

YES

NO

HOW DID YOU HEAR ABOUT US?

TV

WEB

RADIO

AD

REF.

OTHER

E-MAIL ADDRESS

LANDLORD / MORTGAGEE'S NAME

TELEPHONE NUMBER

RENT / MORTGAGE PAYMENT

SECURITY DEPOSIT

PREVIOUS ADDRESS:

NUMBER AND STREET

CITY, STATE, ZIP CODE

YEARS THERE

NUMBER AND STREET

CITY, STATE, ZIP CODE

YEARS THERE

EMPLOYED BY

YEARS THERE

WORK TELEPHONE NUMBER

SUPERVISOR

SUPERVISOR PHONE NUMBER

EMPLOYER'S ADDRESS

SHIFT / HOURS WORKED

PAY PERIOD

GROSS WEEKLY PAY

WEEKLY

BI WEEKLY

PREVIOUS EMPLOYER

OTHER INCOME AMOUNT

SOURCE

YEARS THERE

HAVE YOU HAD ANY JUDGEMENTS / COLLECTIONS / LEGAL ACTION AGAINST YOU WITHIN THE LAST THREE (3) YEARS?

YES

NO

IF YES, EXPLAIN

HAVE YOU EVER FILED OR ARE YOU CONSIDERING FILING BANKRUPTCY?

YES

NO

IF YES, EXPLAIN

BANKING

NAME OF BANK

BRANCH ADDRESS

PHONE NUMBER

CHECKING ACCOUNT NUMBER

SAVINGS ACCOUNT NUMBER

CO-BUYER'S INFORMATION

LEGAL NAME OF APPLICANT

NICKNAME

DATE OF BIRTH

SOCIAL SECURITY NUMBER

COUNTY

HOME ADDRESS - NUMBER AND STREET

CITY, STATE, ZIP CODE

YEARS THERE

HOME TELEPHONE NUMBER

CELL TELEPHONE NUMBER

DRIVER'S LICENSE NUMBER

PHOTOCOPY OF DRIVER'S LICENSE

YES

NO

HOW DID YOU HEAR ABOUT US?

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YEARS THERE

EMPLOYED BY

YEARS THERE

WORK TELEPHONE NUMBER

SUPERVISOR

SUPERVISOR PHONE NUMBER

EMPLOYER'S ADDRESS

SHIFT / HOURS WORKED

PAY PERIOD

TAKE HOME PAY

WEEKLY

BI WEEKLY

PREVIOUS EMPLOYER

OTHER INCOME AMOUNT

SOURCE

YEARS THERE

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HAVE YOU EVER FILED OR ARE YOU CONSIDERING FILING BANKRUPTCY?

YES

NO

IF YES, EXPLAIN

BANKING

NAME OF BANK

BRANCH ADDRESS

PHONE NUMBER

CHECKING ACCOUNT NUMBER

SAVINGS ACCOUNT NUMBER

REFERENCES

PLEASE LIST FIVE (5) REFERENCES BELOW. YOU MUST USE TWO (2) FAMILY MEMBERS THAT
DON'T LIVE WITH YOU, ALSO FRIENDS AND WORK RELATED REFERENCES.

| | | |
|----------|-------------------------------|-----------------------|
| 1 | NAME | RELATIONSHIP |
| | NUMBER AND STREET | CITY, STATE, ZIP CODE |
| | | TELEPHONE NUMBER |
| | PLACE OF EMPLOYMENT | |
| | HOW LONG HAVE YOU KNOWN THEM? | WORK NUMBER |
| 2 | NAME | RELATIONSHIP |
| | NUMBER AND STREET | CITY, STATE, ZIP CODE |
| | | TELEPHONE NUMBER |
| | PLACE OF EMPLOYMENT | |
| | HOW LONG HAVE YOU KNOWN THEM? | WORK NUMBER |
| 3 | NAME | RELATIONSHIP |
| | NUMBER AND STREET | CITY, STATE, ZIP CODE |
| | | TELEPHONE NUMBER |
| | PLACE OF EMPLOYMENT | |
| | HOW LONG HAVE YOU KNOWN THEM? | WORK NUMBER |
| 4 | NAME | RELATIONSHIP |
| | NUMBER AND STREET | CITY, STATE, ZIP CODE |
| | | TELEPHONE NUMBER |
| | PLACE OF EMPLOYMENT | |
| | HOW LONG HAVE YOU KNOWN THEM? | WORK NUMBER |
| 5 | NAME | RELATIONSHIP |
| | NUMBER AND STREET | CITY, STATE, ZIP CODE |
| | | TELEPHONE NUMBER |
| | PLACE OF EMPLOYMENT | |
| | HOW LONG HAVE YOU KNOWN THEM? | WORK NUMBER |

LAST VEHICLE INFORMATION

| | | |
|-----------------------------|-------------------------|-----------------|
| LAST VEHICLE PURCHASED FROM | CITY | STATE |
| YEAR | MAKE | MODEL |
| WAS IT FINANCED? | NAME OF FINANCE COMPANY | CURRENT BALANCE |
| YES NO | | \$ |

VEHICLE INSURANCE

| | | | |
|---------|-------------|---------|-------|
| COMPANY | AGENTS NAME | ADDRESS | PHONE |
|---------|-------------|---------|-------|

| | |
|------------------------------------|---------------------------------|
| COVERAGE (YOU MUST HAVE COLLISION) | WHO WILL BE THE REGISTRANT (S)? |
|------------------------------------|---------------------------------|

NAME (S) ON INSURANCE CARD

WHO WILL BE THE OWNER (S) (TITLE HOLDER)

| | |
|--------------------------------------|----------------------|
| WILL YOU BE TRANSFERRING THE PLATES? | LICENSE PLATE NUMBER |
| YES NO | |

CREDITORS

PLEASE LIST ALL CREDITORS YOU MAY HAVE (I.E. OLUMS, RENT-WAY, VISA, STUDENT LOANS, AUTO LOANS, ETC.)

1 CREDITOR

| | |
|---------|-----------------------|
| ADDRESS | CITY, STATE, ZIP CODE |
|---------|-----------------------|

TELEPHONE NUMBER

| | | | |
|-----------------|-------------|-----------------|----------------|
| ORIGINAL AMOUNT | DATE OPENED | PRESENT BALANCE | PAYMENT AMOUNT |
| \$ | | \$ | \$ |

2 CREDITOR

| | |
|---------|-----------------------|
| ADDRESS | CITY, STATE, ZIP CODE |
|---------|-----------------------|

TELEPHONE NUMBER

| | | | |
|-----------------|-------------|-----------------|----------------|
| ORIGINAL AMOUNT | DATE OPENED | PRESENT BALANCE | PAYMENT AMOUNT |
| \$ | | \$ | \$ |

3 CREDITOR

| | |
|---------|-----------------------|
| ADDRESS | CITY, STATE, ZIP CODE |
|---------|-----------------------|

TELEPHONE NUMBER

| | | | |
|-----------------|-------------|-----------------|----------------|
| ORIGINAL AMOUNT | DATE OPENED | PRESENT BALANCE | PAYMENT AMOUNT |
| \$ | | \$ | \$ |

INFORMATION. All information given in this application is true, correct and complete, and is given for the purpose of obtaining credit from you.
I authorize you to verify any information given in this application. In addition, I authorize you to obtain any information you feel is necessary in connection with this application or in connection with any review, update, renewal or collection of any credit you extend as a result of this application.
Finally, I authorize you to give information about me and your credit experience with me to others such as banks, stores, and credit reporting agencies.
CREDIT REPORTS. I understand you may request a credit report on me from a credit reporting agency in connection with this application or in connection with any update, extension or renewal of any credit you extend as a result of this application. In addition, I understand that, if I ask, you will tell me if a credit report was requested, and if so, the name and address of the credit reporting agency furnishing the report.
KEEPING APPLICATION I agree that you may keep this application whether or not you approve it.
ACKNOWLEDGEMENT. I acknowledge receipt of a Notice Regarding Credit Reports.

APPLICANT 1 SIGNATURE

APPLICANT 2 SIGNATURE

DATE

DRAW MAP TO ADDRESS

WRITTEN DIRECTIONS TO ADDRESS
