



32F GT Tower Int'l., Ayala Avenue, Cor. HV Dela Costa St.
 Salcedo Village, Makati City 1200
 Trunkline: (632) 858-8500

APPLICATION FOR VEHICLE FINANCING Employee Own Business/Professional

APP. NO.
DATE:
DEALER:
MARKETING PROF.:

Please fill up completely to facilitate approval. Please sketch route to residence at back of this application.

I/We certify that all the information entered into this loan application are true, correct and complete. I/We authorize you to verify and investigate said information from whatever sources you may consider appropriate. I/We authorize the sources that you approach to provide information relative to this application. I agree that this application and the information derived will remain your property whether the loan is granted or not. I/We understand that any misrepresentation may adversely affect approval of this application and status of my loan if already granted.

APPLICANT	APPLICANT'S LAST NAME		FIRST	MIDDLE NAME	SINGLE <input type="checkbox"/>	WIDOWED <input type="checkbox"/>	SPOUSE'S LAST NAME		FIRST	MI	
	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		(MAIDEN NAME IF WIFE)		MARRIED <input type="checkbox"/>	LIVING APART <input type="checkbox"/>	(MAIDEN NAME IF WIFE)				
	DATE OF BIRTH	CITIZENSHIP	ACR NO.		ABROAD <input type="checkbox"/>	SEPARATED <input type="checkbox"/>	AGES OF DEPENDENTS		VEHICLES OWNED / MORTGAGED TO:		
	COMPLETE HOME ADDRESS				OWNED <input type="checkbox"/>	MORTGAGED TO:	USED FREE <input type="checkbox"/>	RENTED <input type="checkbox"/>	HOME TEL. NO(S)		
	EDUCATIONAL ATTAINMENT: <input type="checkbox"/> HS <input type="checkbox"/> COLLEGE <input type="checkbox"/> VOCATIONAL <input type="checkbox"/> GRADUATE/PG				YRS STAYED		ZIP CODE		CELLPHONE		
Complete Provincial Address								PROV. TEL. NO.			

INCOME	APPLICANT'S EMPLOYER/BUSINESS NAME:				SPOUSE'S EMPLOYER/BUSINESS NAME:										
	GOVERNMENT <input type="checkbox"/>		PRIVATE <input type="checkbox"/>		SELF-EMPLOYED <input type="checkbox"/>		GOVERNMENT <input type="checkbox"/>		PRIVATE <input type="checkbox"/>		SELF-EMPLOYED <input type="checkbox"/>				
	NATURE OF BUSINESS / PROFESSION						NATURE OF BUSINESS / PROFESSION								
	BUSINESS ADDRESS:						BUSINESS ADDRESS:								
	FAX NO.			TEL. NO.			FAX NO.			TEL. NO.					
POSITION/TITLE:				LENGTH OF STAY:				POSITION/TITLE:				LENGTH OF STAY:			

CASH FLOW	APPLICANT'S MONTHLY TAKE HOME PAY : _____				LESS: AMORTIZATIONS _____						
	SPOUSE'S MONTHLY TAKE HOME PAY : _____				RENTALS _____						
	ADD: OTHER MO. INCOME _____				HOUSEHOLD EXP. _____						
	_____				OTHER EXPENSES: _____						
	TOTAL MONTHLY INCOME : _____				TOTAL EXPENSES: _____				NET MONTHLY INCOME : _____		

REFERENCES	MAIN BANK BRANCH:		C/A #		S/A #		
	BANK/CREDIT CARD REFERENCES		TEL. NO.	CREDIT FACILITY	ACCT. NO.	MO. PAYMENTS	
	NEAREST RELATIVE NOT LIVING WITH YOU		RELATIONSHIP	TEL. NO.	ADDRESS		
	PERSONAL REFERENCES		TEL. NO.	ADDRESS			
	NAMES OF CHILDREN/DEPENDENTS		AGE	SCHOOL		GRADE/YEAR	
	AFFILIATIONS/ASSOCIATIONS/CLUBS JOINED:			TEL. NO.	ADDRESS		

U N I T	MODEL	VARIANT	NO. OF MONTHS	<input type="checkbox"/> 12	<input type="checkbox"/> 18	<input type="checkbox"/> 24	<input type="checkbox"/> 36	<input type="checkbox"/> 48	<input type="checkbox"/> 60	APPROVED <input type="checkbox"/>	DECLINED <input type="checkbox"/>	PENDING <input type="checkbox"/>
	PRICE		DOWNPAYMENT		AMOUNT FINANCED							
	INSURANCE COVERAGE		PREMIUM		TERM	Area of Normal Use						
	NEW UNIT <input type="checkbox"/>		REFINANCING <input type="checkbox"/>		USED <input type="checkbox"/>	YEAR						
	PERSONAL <input type="checkbox"/>		BUSINESS <input type="checkbox"/>		MIXED BUS. <input type="checkbox"/>	PU <input type="checkbox"/>						
_____ Signature of Applicant				_____ Signature of Spouse								
TIN : _____				_____								
CTC No.: _____				_____								
Issued at: _____				_____								
Date: _____				_____								
										RECOMMENDED BY: _____ CODE: _____ DATE: _____ APPROVING OFFICER _____ OFF. CODE _____ DATE: _____		

100-014-X20

05-SEPT-02