



P.O. Box 25127, Winston-Salem, NC 27114
 TELEPHONE: 800-438-8892 FACSIMILE: 800-438-8894
 SheffieldFinancial.com

JOINT APPLICATION WITH _____		AND _____		Joint Applicant Full Name _____	
Applicant Full Name _____					
DATE	SALES PERSON		DEALER NAME	TELEPHONE NUMBER ()	
PROMOTION		APPROVAL #		REQUESTED AMOUNT	# PAYMENTS
					FAX NUMBER ()

IMPORTANT: INITIALS MUST BE COMPLETED IF JOINT APPLICATION

EACH OF YOU INTEND TO APPLY FOR JOINT CREDIT _____ (initials) _____ (initials)
 Applicant _____ Joint Applicant _____

APPLICANT INFORMATION CONSUMER/PERSONAL/HOUSEHOLD USE BUSINESS/COMMERCIAL USE

LAST NAME	FIRST NAME	MIDDLE NAME	JR/SR
PRESENT STREET ADDRESS (NOT P.O. BOX)	APT. #	CITY	STATE ZIP CODE HOW LONG? YEARS
LANDLINE PHONE	CELL PHONE	SOCIAL SECURITY #	BIRTH DATE
MAILING ADDRESS IF DIFFERENT FROM ABOVE	APT. #	CITY	STATE ZIP CODE

EMAIL ADDRESS *By providing, I agree that Sheffield may use this email address to correspond with me regarding my personal account information.*

EMPLOYMENT INFORMATION - SELF EMPLOYMENT

CURRENT EMPLOYER (IF SELF EMPLOYED, BUSINESS NAME)	TYPE OF BUSINESS	BUSINESS TELEPHONE NUMBER	<input type="checkbox"/> CHECK IF CELL
EMPLOYER ADDRESS	HOW LONG? YRS. - MOS.	GROSS MONTHLY INCOME FROM ALL SOURCES*	
*Alimony, child support or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.			
CITY	STATE	ZIP CODE	POSITION/TITLE

CHECK IF LOAN TO BE IN BUSINESS NAME ABOVE. GUARANTY AGREEMENT REQUIRED.

NAME OF NEAREST RELATIVE NOT LIVING WITH YOU	TELEPHONE NUMBER	<input type="checkbox"/> CHECK IF CELL
CITY	STATE	ZIP CODE

BANK INFORMATION

BANK NAME _____

EQUIPMENT INFORMATION	MANUFACTURER:	YEAR:	MAKE:	MODEL:	VIN/SERIAL#:	PRICE:
	1					\$ _____
	2					\$ _____
	3	ACCESSORIES AND OTHER CHARGES/FEES (LIST)				
NOTICE TO DEALER: THIS INFORMATION WILL BE USED TO PREPARE YOUR CUSTOMER'S CONTRACT. INCORRECT INFORMATION WILL DELAY FUNDING.			TOTAL (LINES 1-3) _____ \$ _____			
			LESS CASH DOWN PAYMENT _____ - \$ _____			
			LESS TRADE IN* _____ - \$ _____			
*If equipment being traded in is financed through Sheffield, call us for pay-off and instructions.			REQUESTED AMOUNT _____ \$ _____			

IMPORTANT INFORMATION ABOUT ACCOUNT OPENING PROCEDURES: Federal law requires all financial institutions, prior to account opening, to obtain, verify, and record information that identifies each person who asks to open an account.

WHAT THIS MEANS TO YOU: When you apply for credit, we will ask your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents. Failure to provide the required information may result in denial of your request to open an account.

DEALER USE ONLY - THIS SECTION MUST BE COMPLETED BY DEALER FOR SUBMISSION

NAMES AS LISTED ON DRIVERS LICENSE _____ APPLICANT'S DRIVER'S LICENSE NUMBER _____ STATE _____ EXP. DATE _____ JOINT APPLICANT DRIVER'S LICENSE NUMBER _____ STATE _____ EXP. DATE _____

DEALER/EMPLOYEE NAME COMPLETING DRIVER'S LICENSE INFORMATION _____

SIGNATURES MATCH PHOTOS MATCH