



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

JOINT APPLICATION WITH _____ AND _____
Applicant Full Name Joint 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 _____ ☐ OWN/BUYING ☐ RENT FREE ☐ RENT ☐ OTHER
☐ MONTHLY HOUSING/RENT PAYMENT \$ _____

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 _____ ☐ 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 _____ ☐ CHECK IF CELL

CITY _____ STATE _____ ZIP CODE _____

BANK INFORMATION

BANK NAME _____

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

SECTION 1 PLEASE PRINT CLEARLY