



Cayman Automotive

Marketing, Leasing & Sales Ltd.

Upon Completion, please fax to Cayman Automotive at 345-749-0901.

Date this Application was faxed to Cayman Automotive ___/___/___

AUTOMOBILE SALES & LEASING APPLICATION

APPLICANT INFORMATION

First Name: _____ Middle Name: _____ Last Name: _____
 Address: _____

 _____ Telephone: _____
 Mobile Telephone: _____
 Date of Birth: _____ Nationality: _____
 Marital Status: _____ Do you Rent or Own your home? _____
 Monthly Mortgage Payment or Rent: _____

EMPLOYMENT INFORMATION

Current Employer: _____
 Employer Address: _____

 Employer Phone Number: _____
 Job Title: _____ How long have you been employed?: _____
 Are you hourly or salary?: _____ Annual Income: _____

PERSONAL REFERENCES (OTHER THAN A FAMILY MEMBER)

Name: _____ Telephone: _____ Years Known: _____
 Name: _____ Telephone: _____ Years Known: _____
 Name of relative not residing with you: _____
 Address: _____

 _____ Telephone: _____

BANK INFORMATION

Bank Name: _____ Telephone: _____
 Account #: _____
 Bank Name: _____ Telephone: _____
 Account #: _____

MONTHLY EXPENDICTURES (MONTHLY PAYMENTS)

Rent:	\$	_____
Mortgage:	\$	_____
Loan:	\$	_____
Credit Card:	\$	_____
Insurance:	\$	_____
Other:	\$	_____
Total Monthly Expenses:	\$	_____

ASSETS (OWNED BY YOU)

Motor Vehicles:	\$	_____
Securities:	\$	_____
Debtors:	\$	_____
Real Estate:	\$	_____
Other Assets:	\$	_____
Total Assets:	\$	_____

I/We authorize Cayman Automotive Leasing & Marketing to verify the information provided on this form as to my credit and employment history.

Applicant's Signature _____
 Please print your name _____ Date _____
 Co-applicant's Signature _____
 Please print your name _____ Date _____