# Buyer Credit Application

Please print the following form and answer all questions to the best of your ability. When you are finished, you may fax it to us or mail it to the address below.

Fax completed application to: 1-800-541-3583. Or, if you prefer, you may mail it to:

Recreational Investment
Attn: Credit Department
P.O. Box 891
Ruskin, FL 33575

## Contact Information

**First/MI/Last Name:** _____ **Prefix: (Mr/Mrs/Miss/Ms)** _____

**Address:** _____

**City/State/Zip Code:** _____

**Phone:** _____

**Email:** _____

**Date of Birth (Month-Date-Year):** ☐☐-☐☐-☐☐☐☐

**Social Security Number:** ☐☐☐-☐☐-☐☐☐☐

**Number of Dependents:** _____

**Years at Address:** _____

**Own Home?** **Yes** ☐ **No** ☐

**Mortgage Holder/Landlord:** _____

**Monthly Payment/Rent:** _____

**Previous Address:** _____

_____

**Years at Address:** _____

## Employment Information

**Employer Name and Address:** _____

_____

**Work Phone Number:** _____

**Occupation:** _____

**Gross Monthly Salary:** _____

**Years at Job:** _____

**Previous Employer's Name (if less than 5 years at current employer):** _____

_____

## Financial Information

**Bank Name:** _____

**Ever Had a Repossession?** _____ **If so, when?** _____

**Ever Filed Bankruptcy?** _____ **If so, when?** _____

**Financing Company for Current/Last Auto Loans/Leases:** _____

_____

**Name and Address of Nearest Relative not in Household:** _____

_____

Providing this information is your authorization to allow us to begin the credit approval process.