

DEALER NAME: Cental Texas Air
CALL BACK NUMBER: 979-846-4660
EQUIPMENT BRAND: _____
: =B5B79'5A CI BH:
 12 Mo. SAC 90 DAY SAC 6 MO. SAC REGULAR

HVAC FINANCE APPLICATION

APPLICANT MUST BE PROPERTY OWNER

APPLICANT #1					
NAME			SSN		
STREET ADDRESS				YEARS	
CITY	COUNTY	STATE		ZIP	
PROPERTY OWNER (Y/N)	PROPERTY TYPE	HOME	DUPLEX	CONDO	MOBILE HOME <i>(Only Non-Trailer Park)</i>
PREVIOUS STREET ADDRESS			YEARS		
PREVIOUS CITY			STATE	ZIP	
HOME PHONE	EQUIPMENT LOCATION ADDRESS				
DATE OF BIRTH			MONTHLY MORT. PAYMENT		
EMPLOYED BY				PHONE	
EMPLOYER'S ADDRESS					
POSITION					
LENGTH OF EMPLOYMENT ____ Years ____ Months			SALARY \$_____ PER WK. MO. YR.		
ADDITIONAL SOURCES OF INCOME					
1)				\$	
HAVE YOU FILED BANKRUPTCY WITHIN THE LAST 10 YEARS?					
NEAREST RELATIVE (OTHER THAN SPOUSE)					
ADDRESS				PHONE	
PERSONAL REFERENCE (NOT A RELATIVE)				PHONE	
APPLICANT #2 (IF APPLICABLE)					
NAME					
RELATIONSHIP				SSN:	
CURRENT HOME ADDRESS					
CITY		STATE		ZIP	
HOME PHONE		DATE OF BIRTH			
EMPLOYED BY					
POSITION				PHONE	
LENGTH OF EMPLOYMENT ____ Years ____ Months			SALARY \$_____ PER WK. MO. YR.		
<p>I certify that the information furnished on this application is true to the best of my knowledge and belief. Authorization is hereby given to CTA and/or any related business entity to contact recognized credit bureaus in order to secure credit information they may have pertaining to my credit paying habits, and further, to verify information furnished on this application. Application fee may be charged to <u>applicant</u> depending on applicant's credit history.</p>					
APPLICANT'S SIGNATURE				DATE	
APPLICANT #2 SIGNATURE				DATE	