

COASTAL FINANCIAL

APPLICATION FOR SECURED CREDIT

FAX OR MAIL COMPLETED APPLICATION TO:
194 S. River Ave. Ste. 1, HOLLAND, MI 49423
TEL (616) 494-2628 * FAX (616) 494-2629

BOAT AND LOAN INFORMATION							<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> JOINT	<input type="checkbox"/> CORPORATE
SELLER		PURCHASE PRICE W/TAX	CASH DOWN	TRADE EQUITY	TOTAL DOWNPAYMENT	LOAN AMOUNT	TERM (MONTHS)		
YEAR	LENGTH	MAKE	MODEL		HULL MATERIAL <input type="checkbox"/> FIBERGLASS <input type="checkbox"/> WOOD <input type="checkbox"/> METAL				
PROPOSED MOORING LOCATION (MARINA, CITY, STATE)				PROPOSED VESSEL NAME		ENGINE MAKE	YEAR		
BOAT INSURANCE CO.		YRS. OF BOATING EXP.	BOATING CLASSES/CERTIFICATES <input type="checkbox"/> USCG <input type="checkbox"/> AUX <input type="checkbox"/> OTHER <input type="checkbox"/> NONE			MODEL	HP.		
ANY LOSSES IN THE LAST FIVE YEARS <input type="checkbox"/> YES <input type="checkbox"/> NO			ANY LAYUP PERIODS <input type="checkbox"/> YES <input type="checkbox"/> NO		DATE:	<input type="checkbox"/> SINGLE <input type="checkbox"/> DUAL	<input type="checkbox"/> GAS <input type="checkbox"/> DIESEL		
APPLICANT									
FULL NAME			BIRTHDATE		SOCIAL SECURITY NUMBER		DEPENDENTS		
HOME ADDRESS			CITY/STATE/ZIP		YEARS THERE	PHONE NUMBER			
PREVIOUS ADDRESS, IF LESS THAN 2 YEARS			CITY/STATE/ZIP		YEARS THERE	U.S. CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO			
EMPLOYER			OCCUPATION/RANK						
EMPLOYERS ADDRESS			CITY/STATE/ZIP		YEARS THERE	BUSINESS PHONE			
PREVIOUS EMPLOYER, IF LESS THAN 2 YEARS			EMPLOYERS ADDRESS		OCCUPATION/RANK	YEARS THERE			
NAME & ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU					RELATIONSHIP		PHONE NUMBER		
CO-APPLICANT									
FULL NAME			BIRTHDATE		SOCIAL SECURITY NUMBER		DEPENDENTS		
HOME ADDRESS			CITY/STATE/ZIP		YEARS THERE	PHONE NUMBER			
EMPLOYER			OCCUPATION/RANK		YEARS THERE	U.S. CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO			
EMPLOYERS ADDRESS			CITY/STATE/ZIP		BUSINESS NUMBER				
*If you do not wish to rely upon income from alimony, child support, or separate maintenance payments as a basis for repaying this obligation, such income need not be revealed (noted as "Other" income below)									
ANNUAL INCOME-APPLICANT & CO-APPLICANT									
	SALARY	BONUS	RETIREMENT	INT. DIVIDENDS	K-1'S	NET RENTAL	OTHER**	TOTAL	
APPLICANT									
CO-APPLICANT									
								TOTAL	
CREDIT EXPERIENCE									
				LOAN AMOUNT OR CREDIT LIMIT	BALANCE OR DATE PAID	MONTHLY PAYMENT			
MORTGAGE COMPANY OR LANDLORD <input type="checkbox"/> OWN <input type="checkbox"/> RENT									
BOAT MAKE	YEAR/MODEL	TRADE Y/N <input type="checkbox"/> YES <input type="checkbox"/> NO		WHERE FINANCED					
<p>NOTICE FOR NY/OH RESIDENTS: A CONSUMER CREDIT REPORT MAY BE REQUESTED IN CONNECTION WITH THIS APPLICATION OR IN CONNECTION WITH UPDATES ON ANY CREDIT GRANTED. IF YOU SUBSEQUENTLY ASK FOR THIS INFORMATION, YOU WILL BE INFORMED WHETHER OR NOT SUCH A REPORT WAS REQUESTED AND, IF SO, THE NAME AND ADDRESS OF THE AGENCY THAT FURNISHED THE REPORT. OHIO LAWS AGAINST DISCRIMINATION REQUIRE THAT ALL CREDITORS MAKE CREDIT EQUALLY AVAILABLE TO ALL CREDIT WORTHY CUSTOMERS AND THAT CREDIT REPORTING AGENCIES MAINTAIN SEPARATE CREDIT HISTORIES ON EACH INDIVIDUAL. ALL STATE COMPLIANCE LAWS ARE APPLICABLE</p>									

THE UNDERSIGNED WARRANTS THAT THE INFORMATION PROVIDED BOTH IN THIS APPLICATION AND PERSONAL FINANCIAL STATEMENT HAS BEEN READ AND IS TRUE. THE UNDERSIGNED AUTHORIZES COASTAL FINANCIAL AND IT'S ASSIGNEES AT ANY TIME TO MAKE OR HAVE MADE SUCH CREDIT INVESTIGATION AS ALLOWED BY LAW. I/WE AUTHORIZE COASTAL FINANCIAL TO INVESTIGATE THE UNDERSIGNED CREDIT CAPACITY, TO VERIFY BANK, BROKERAGE ACCOUNT BALANCES, AND INFORMATION. PHOTOCOPIES OF THIS AUTHORIZATION MAY BE USED. IN THE EVENT THAT YOU HAVE RECEIVED A PHOTOCOPY, IT SHOULD BE TREATED AS AN ORIGINAL FORM.

Applicant

Date

Applicant

Date