

HAMMOND USA, INC. **CHURCH CREDIT APPLICATION**

CHURCH INFORMATION

Church Name:			
Phone:	Fax:	E-mail:	
Website:			
Address:			
City:		State:	ZIP Code:
Year Church Founded :	Church Membership:	Total Weekly Receipts:	
Tax Exempt ID#:		Federal ID #:	

PASTOR INFORMATION

Name:		Title:	
Home Address:			
City:		State:	Zip Code:
Home Phone:		Cell Phone:	Email:
Social Security #:			

BANK REFERENCE

Bank Name:		Contact Name:	
Bank Address:			Phone:
City:		State:	ZIP Code:
Checking Account Number:			

AUTHORIZATION

Applicant certifies that the information above and all information accompanying this application is true and correct. Applicant authorizes Hammond Suzuki USA, Inc. to solicit and obtain credit information from the references above and from any other source. Applicant authorizes the references above and all other credit sources to disclose credit information to Hammond Suzuki USA, Inc. Hammond Suzuki USA, Inc. will not disclose credit information about the applicant to any other person without applicant's prior written approval.

Signature of person authorizing release: _____ Date: _____
 Print Name: _____ Title: _____

HAMMOND USE ONLY

Instrument Description _____
 Purchase Price _____
 Down Payment _____
 Balance Financed _____
 Term _____ APR _____

x _____
 Acceptance and Signed by Hammond Suzuki USA, Inc. Print Name of Signer Title Date

x _____
 Acceptance and Signed by Hammond Suzuki USA, Inc. Print Name of Signer Title Date