



Persian Acceptance Corp

83 Pine Street Suite 102
Peabody, MA 01960
888-852-2886

Sales Rep: Eric Schultz
X 22 Cell: 978. 979. 6254
Fax: 978. 535. 0065

978.824.3855 CREDIT FAX

Applicant Information

Name: _____

Social Security No: _____

Date of Birth: _____

Drivers Lic. # _____ State: _____

Current Address:

P.O. Box _____ City/Town _____ ST _____ Zipcode _____

(If P.O. Box, you must furnish a physical street address where car will be garaged)

Street _____ City/Town _____ ST _____ Zipcode _____

Home Phone _____ Cell phone _____ Own/Rent (circle one)

Length of Time at Address _____ Monthly Rent/Mortgage \$ _____

Mortgage Co. / Landlord _____ City/Town _____ ST _____ Phone _____

Previous Address (if less than 2 years at current address)

Street _____ City/Town/ST _____ Length at address _____

Employment History:

Email: _____

Employed by _____ Position _____

Street Address _____ City _____ ST _____ Zip _____

Telephone _____ Supervisor _____

Full Time or Part Time (circle one) Pay Frequency — Weekly or Bi-weekly (circle one)

Length of Employment _____ Gross Monthly Income \$ _____

Source of Other Income _____ Gross Monthly Other Income \$ _____

Total Gross monthly Income \$ _____

Previous Employer _____ Position _____ Years There _____

City/ST _____ Tel. _____

Do you have a current outstanding auto loan? **Y or N.** If yes, provide balance of note _____

Have you declared Bankruptcy in the past 5 years? **Y or N.** If yes, provide discharge date _____

Do you have Judgments or Liens against you? **Y or N.** If yes, provide release date _____

Have you had any Repossessions in the past 2 years? **Y or N.** If yes, provide date. _____

This application for credit sale will be submitted to Persian Acceptance Corp. for purchase or consideration as to whether it meet finance requirements. I certify that the above information is complete and accurate. I authorize an investigation of my credit and employment history and the release of information about my credit experience.

Applicant Signature _____ **Date** _____

Rte 140 Wholesale PH: 774.696.0205 FX: 508.845.7215

Vehicle Identification Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Year _____ Make _____ Model _____ Miles _____

Options _____ Turbo 4x4

Dealers Trust Floor Plan Veh.? Persian Acceptance Veh.?

Trade Information

Year _____ Make _____ Model _____

Selling Price _____

Down Payment _____

Trade In _____

Amount Financed _____

VSI (required) \$298.00

Warranty _____

Total Amt Financed _____

Co-Signer Agreement

You are being asked to guarantee this debt. Think carefully before you do. If the borrower does not pay the debt, you will be required to do so. Be sure you can afford to pay if you have to and that you want to accept this responsibility. You may have to pay up to the full amount of the debt if the borrower does not pay. You may also have to pay late fees or collection costs, which increase the amount of the original debt. The creditor can collect this debt from you without first trying to collect from the borrower. The same collection methods that apply to the borrower will apply to you. If this debt is ever in default, that fact may become a part of your credit record. This notice is not the contract that makes you liable for the debt.

Co-signer: _____

Date: _____

Name: _____ Relationship to Buyer: _____

Social Security Number: _____ DOB _____

Current Address

P.O. Box _____ City/Town _____ ST _____ Zipcode _____

(If P.O. Box, you must furnish a physical street address where car will be garaged)

Street _____ City/Town _____ ST _____ Zipcode _____

Home Phone _____ Cell phone _____ Own/Rent (circle one)

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Length of Employment _____ Gross Monthly Income \$ _____

Source of Other Income _____ Gross Monthly Other Income \$ _____

Total Gross monthly Income \$ _____

Previous Employer _____ Position _____

City _____ ST _____ Tel. _____ How Long _____

Do you have a current outstanding auto loan? Y or N. If yes, provide balance of note _____

Have you declared Bankruptcy in the past 5 years? Y or N. If yes, provide discharge date _____

Do you have Judgments or Liens against you? Y or N. If yes, provide release date _____

Have you had any Repossessions in the past 2 years? Y or N. If yes, provide date. _____

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Co-Applicant Signature _____

Date _____

BUYERS REFERENCES

Complete with name, street, city, state & phone

Please provide the names of two relatives not living with you.

NAME: _____ Relationship: _____

Street Address: _____

City: _____ State: _____ Phone: _____

NAME: _____ Relationship: _____

Street Address: _____

City: _____ State: _____ Phone: _____

Please provide the names of three additional references.

NAME: _____ Relationship: _____

Street Address: _____

City: _____ State: _____ Phone: _____

NAME: _____ Relationship: _____

Street Address: _____

City: _____ State: _____ Phone: _____

NAME: _____ Relationship: _____

Street Address: _____

City: _____ State: _____ Phone: _____

CO-BUYERS REFERENCES

Complete with name, street, city, state & phone

Please provide the names of two relatives not living with you.

NAME: _____ Relationship: _____

Street Address: _____

City: _____ State: _____ Phone: _____

NAME: _____ Relationship: _____

Street Address: _____

City: _____ State: _____ Phone: _____

Please provide the names of three additional references.

NAME: _____ Relationship: _____

Street Address: _____

City: _____ State: _____ Phone: _____

NAME: _____ Relationship: _____

Street Address: _____

City: _____ State: _____ Phone: _____

NAME: _____ Relationship: _____

Street Address: _____

City: _____ State: _____ Phone: _____



AGREEMENT TO PROVIDE INSURANCE.

I understand and agree to maintain insurance providing both comprehensive and collision coverage with a maximum deductible of \$500 for each beginning on the date of my Retail Installment Sale Agreement and continuing in force during the term of the Agreement and will furnish Persian Acceptance Corp. with a loss payable endorsement in favor of Persian Acceptance Corp. 83 Pine Street Suite 102, Peabody, MA 01960 as Loss Payee and keep said coverage in force as long as there is an outstanding balance on my account.

Proof of insurance indicating coverage must be provided before taking delivery of vehicle.

Date: _____ **Applicant Signature** _____

Date: _____ **Co-Buyer's Signature** _____

Acknowledgement of the Receipt of Persian Acceptance Corp.'s Privacy Policy. and Rules & Regulations

Date: _____ **Applicant Signature** _____

Date: _____ **Co-Buyer's Signature** _____

Automatic Loan Payment Authorization through Automatic Withdrawal

Bank Name: _____

Bank Address: _____ **Bank Phone ()** _____

Bank ABA (Routing) Number: _____

Checking Account Number: _____

Statement Savings Account: _____

NAME ON BANK ACCOUNT MUST MATCH CONTRACT

REQUIRED DOCUMENTS

CHECKING ACCOUNTS: ATTACH A VOIDED CHECK

**STATEMENT SAVINGS ACCOUNT: DEPOSIT SLIP LISTING ACCOUNT NUMBER
COPY OF BANK STATEMENT**

Customer Name(s) I, _____ authorize Persian Acceptance Corp., to electronically withdraw funds from my (check one) _____ Checking Account _____ Statement Savings Account in accordance with the withdrawal information set forth above, I further authorized a regular payment hereunder to be increased in order to pay all amounts due under my Retail Installment Sales Agreement at the time such payments, including any amounts accrued during the activation of the automated clearing house collection process, any past due amounts, any late fees, any deferral charges and any interest charges.

I am aware that this is not a condition of sale and I may stop any of these payments by notifying my financial institution listed above orally or in writing at any time up to (7) days prior to the scheduled date of a payment. I acknowledge that my financial institution may require written confirmation to be provided to it within (14) days of an oral notification by me. I agree to notify Persian Acceptance Corp. if I stop or revoke any of these payments. I understand that my stopping a payment previously authorized by me herein does not relieve me of liability for such payment and may result in my default under my Retail Installment Sale Agreement.

I hereby acknowledge receipt of a completed copy of this authorization:

Customer's Signature: _____ **Date:** _____

By signing above I authorize Persian Acceptance Corp. to verify my account number, routing number and the authorized signer(s) on this account.