

PRIMARY APPLICANT INFORMATION										Date: 3/30/10			
First Name			Middle Name			Last Name			Suffix				
Social Security Number		Birth Date		Driver's License No.			State		<input type="checkbox"/> Unmarried <input type="checkbox"/> Married				
Home <input type="checkbox"/> (check preferred contact)		Work Phone <input type="checkbox"/>			Cell Phone <input type="checkbox"/>		Email Address <input type="checkbox"/>						
<input type="checkbox"/> Own <input type="checkbox"/> Rent	Street Address (No P.O. Boxes)							Apt.					
How Long? yrs	City			State		Zip		County					
Previous Residence Address (if less than 5 yrs at current)				City			State		Zip Code		How Long? yrs		
Employer			Title			Employment Income Gross:		Frequency Monthly					
Street Address				City			State		Zip Code		How Long? yrs		
Previous Employer (if less than 5 yrs at current)				City			State		Zip Code		How Long? yrs		
Nearest Relative (not living with you)		Relationship		Street Address			City		State	Home Phone			
Checking Acct. Bank Name		Savings Acct. Bank Name			Last boat financed with:				Monthly Payment				
Mortgage / Landlord Name		Monthly Payment			Sources of Other Income (see * below)				Monthly Amount				
Have you declared bankruptcy in the last 10 years?				<input type="checkbox"/> Yes <input type="checkbox"/> No		* Alimony, child support or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.							
Have you ever had any property repossessed?				<input type="checkbox"/> Yes <input type="checkbox"/> No									
CO-APPLICANT INFORMATION										Relationship to Applicant:			
First Name			Middle Name			Last Name			Suffix				
Social Security Number		Birth Date		Driver's License No.			State		<input type="checkbox"/> Unmarried <input type="checkbox"/> Married				
Home <input type="checkbox"/> (check preferred contact)		Work Phone <input type="checkbox"/>			Cell Phone <input type="checkbox"/>		Email Address <input type="checkbox"/>						
<input type="checkbox"/> Own <input type="checkbox"/> Rent	Street Address (No P.O. Boxes)							Apt.					
How Long? yrs	City			State		Zip		County					
Employer			Title			Employment Income Gross:		Frequency Monthly					
Street Address				City			State		Zip Code		How Long? 0.0 yrs		
Previous Employer (if less than 5 yrs at current)				City			State		Zip Code		How Long? yrs		
Mortgage / Landlord Name		Monthly Payment			Sources of Other Income (see * below)				Monthly Amount				
Have you declared bankruptcy in the last 10 years?				<input type="checkbox"/> Yes <input type="checkbox"/> No		* Alimony, child support or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.							
Have you ever had any property repossessed?				<input type="checkbox"/> Yes <input type="checkbox"/> No									
AUTHORIZATION AND CERTIFICATION										SIGNATURES			
<small>The undersigned: (1) Makes all of the above representations, which are certified correct, for the purpose of securing credit; (2) Authorizes Russo's Marine Mart, Inc. ("Russo") and any prospective lender to gather whatever credit information and employment history it considers necessary and obtain credit reports periodically; (3) Authorizes Russo to use and share information with other entities that are related to it by common ownership or control; (4) Understands that Russo will retain this application whether or not it is approved, and that it is the applicant's responsibility to notify the creditor of any changes of name, address, or employment; and, (5) Authorizes Russo to share this information with Global Marine Insurance Agency if an insurance quote is requested. To help the government fight the funding of terrorism and money laundering activities Federal law requires all financial institutions to obtain, verify, and record information that identifies each customer who opens an account. Therefore, all new and existing customers are subject to identity verification requirements.</small>										Joint Applicants: We intend to apply for joint credit. (Please initial) _____ Applicant Co-Applicant		<input checked="" type="checkbox"/> Applicant	
										<input checked="" type="checkbox"/> Co-applicant			
BOAT INFORMATION										FINANCE DETAILS			
<input type="checkbox"/> New <input type="checkbox"/> Used	Year	Make		Model		Length		<input type="checkbox"/> Purchase <input type="checkbox"/> Refinance					
<input type="checkbox"/> New <input type="checkbox"/> Used	Year	Make		Model		HP (each engine)		Selling Price Sales Tax Fees SUBTOTAL 0.00 Trade Allowance Trade Payoff Down Payment TOTAL DOWN PMT 0.00 AMOUNT REQUESTED 0.00					
<input type="checkbox"/> Gas <input type="checkbox"/> Diesel	Type: <input type="checkbox"/> Inboard <input type="checkbox"/> I/O <input type="checkbox"/> Outboard			Trailer	Year	Make	Model		Term Requested:				
# Engines: <input type="checkbox"/> Single <input type="checkbox"/> Twin <input type="checkbox"/> Triple													