

SALES PERSON NAME: \_\_\_\_\_ AMOUNT REQUESTED: \$ \_\_\_\_\_

PRIMARY BORROWER:

First Name: _____	Middle Initial: _____	Last Name: _____
Home Phone: (____) _____	Cell Phone: (____) _____	SSN#: _____ - _____ - _____
Email Address: _____@_____	Date of Birth: ____/____/____	
Gross Monthly Income: \$ _____	Other Income: _____	Source: _____
Employer's Name: _____	Length of Employment: Yrs: _____	Mths: _____
YOU DO NOT HAVE TO USE INCOME FROM ALIMONY, CHILD SUPPORT OR MAINTENANCE UNLESS YOU WANT IT CONSIDERED FOR THIS LOAN		
Current Address: _____	Mortgage Payment: _____	
City: _____	State: _____	Zip Code: _____
Time at address: ____ Yrs ____ Mths		
Drivers License #/State ID/Passport #: _____		Issue Date: _____ Exp. Date _____

CO-BORROWER:

First Name: _____	Middle Initial: _____	Last Name: _____
Home Phone: (____) _____	Cell Phone: (____) _____	SSN#: _____ - _____ - _____
Email Address: _____@_____	Date of Birth: ____/____/____	
Gross Monthly Income: \$ _____	Other Income: _____	Source: _____
Employer's Name: _____	Length of Employment: Yrs: _____	Mths: _____
YOU DO NOT HAVE TO USE INCOME FROM ALIMONY, CHILD SUPPORT OR MAINTENANCE UNLESS YOU WANT IT CONSIDERED FOR THIS LOAN		
Same Address as Primary Applicant: ___ Yes ___ No (if no please complete address section)		
Current Address: _____	Mortgage Payment: _____	
City: _____	State: _____	Zip Code: _____
Time at address: ____ Yrs ____ Mths		
Drivers License #/State ID/Passport #: _____		Issue Date: _____ Exp. Date _____

By signing this application, I authorize Service Finance Company, LLC ("SFC") to process my credit application using all of the information I have provided. I hereby consent to you sharing this information (and whether this application is approved or declined) with interested third parties, including dealers that accept this application. I affirm that the information I have submitted is complete and truthful. I authorize you to make inquires you consider necessary (including requesting reports from consumer reporting agencies and other sources) in evaluating my application and, subsequently, for purposes of reviewing, maintaining or collecting on my account. Upon my request you will advise me of the name and address of each consumer reporting agency from which you obtained a report. I acknowledge that the Dealer will collect information to verify my identity as required by law.

[  ] WE INTEND TO APPLY FOR JOINT CREDIT

APPLICANT SIGNATURE: _____	DATE: _____	CO-APPLICANT SIGNATURE: _____	DATE: _____
X _____		X _____	

Please Submit Application to:

Hoff Heating & A/C  
 Office: (636) 240-4633  
 Fax: (636) 240-4637

EMAIL TO:

[chrislyons@hoffhvac.com](mailto:chrislyons@hoffhvac.com)