

# 3D AUTO CENTER

## BUY HERE PAY HERE CREDIT APPLICATION

*(All Information Is Confidential – Please Print Clearly)*

---

### DEALERSHIP INFORMATION

#### 3D Auto Center

360 East Troy Ave  
Indianapolis, IN 46225  
Phone: 317-782-4563

---

### APPLICANT INFORMATION

Full Legal Name: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

Primary Phone: \_\_\_\_\_

Secondary Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### CURRENT ADDRESS

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

How Long at Address? \_\_\_\_\_ Years \_\_\_\_\_ Months

Housing: Rent / Own / Other (Circle One)

Monthly Housing Payment: \$ \_\_\_\_\_

Landlord / Mortgage Company: \_\_\_\_\_

Landlord Phone: \_\_\_\_\_

### PREVIOUS ADDRESS (If Less Than 2 Years)

Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

---

## EMPLOYMENT INFORMATION

Employer Name: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
Employer Phone: \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_

Position/Title: \_\_\_\_\_  
How Long Employed? \_\_\_\_\_ Years \_\_\_\_\_ Months

Gross Monthly Income: \$ \_\_\_\_\_  
Pay Frequency: Weekly / Bi-Weekly / Semi-Monthly / Monthly

Previous Employer (If Less Than 2 Years):  
Employer Name: \_\_\_\_\_  
How Long Employed? \_\_\_\_\_ Years \_\_\_\_\_ Months

Other Income (Optional): \$ \_\_\_\_\_  
Source: \_\_\_\_\_

---

## CO-APPLICANT INFORMATION (If Applicable)

Full Name: \_\_\_\_\_  
Relationship to Applicant: \_\_\_\_\_  
Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Phone: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Monthly Income: \$ \_\_\_\_\_

---

## PERSONAL REFERENCES

*(Must Not Live With Applicant – 6 Required)*

1. Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Phone: \_\_\_\_\_
  
  2. Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Phone: \_\_\_\_\_
  
  3. Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Phone: \_\_\_\_\_
  
  4. Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Phone: \_\_\_\_\_
  
  5. Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Phone: \_\_\_\_\_
  
  6. Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Phone: \_\_\_\_\_
- 

## VEHICLE INFORMATION

Year: \_\_\_\_\_  
Make: \_\_\_\_\_  
Model: \_\_\_\_\_  
VIN: \_\_\_\_\_  
Stock #: \_\_\_\_\_

Sale Price: \$ \_\_\_\_\_  
Down Payment: \$ \_\_\_\_\_  
Amount Financed: \$ \_\_\_\_\_  
Payment Amount: \$ \_\_\_\_\_  
Payment Frequency: Weekly / Bi-Weekly / Semi-Monthly / Monthly

---

## TRADE-IN INFORMATION (If Applicable)

Year: \_\_\_\_\_  
Make: \_\_\_\_\_  
Model: \_\_\_\_\_  
VIN: \_\_\_\_\_  
Estimated Payoff: \$ \_\_\_\_\_

---

## BANKING INFORMATION

Bank Name: \_\_\_\_\_  
Account Type: Checking / Savings  
Direct Deposit: Yes / No

---

## INSURANCE INFORMATION

Insurance Company: \_\_\_\_\_  
Agent Name: \_\_\_\_\_  
Agent Phone: \_\_\_\_\_

---

## AUTHORIZATION & AGREEMENT

I certify that the information provided in this application is true and complete. I authorize **3D Auto Center** to verify my employment, income, residence, references, banking information, and to obtain a consumer credit report as permitted by law. I understand that providing false or misleading information may result in denial of credit.

Applicant Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Co-Applicant Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_