

COASTAL FINANCIAL

APPLICATION FOR SECURED CREDIT
FAX OR MAIL COMPLETED APPLICATION TO:
 194 S. River Ave. Ste. 1, HOLLAND, MI 49423
 TEL (616) 494-2628 * FAX (616) 494-2629

BOAT AND LOAN INFORMATION					
PURPOSE <i>REFINANCE</i>	CURRENT LOAN BALANCE	AMOUNT APPLIED TO BALANCE	AMOUNT TO REFINANCE		TERM (MONTHS)
BOAT YEAR	BOAT MAKE	BOAT MODEL	LENGTH	HULL MATERIAL <input type="checkbox"/> FIBERGLASS <input type="checkbox"/> WOOD <input type="checkbox"/> METAL <input type="checkbox"/> RIB	
MOTOR YEAR	MOTOR MAKE	MOTOR MODEL	EST. H/P PER MOTOR	ADDITIONAL MOTOR INFORMATION <input type="checkbox"/> SINGLE <input type="checkbox"/> GAS <input type="checkbox"/> INBOARD <input type="checkbox"/> DUAL <input type="checkbox"/> DIESEL <input type="checkbox"/> OUTBOARD <input type="checkbox"/> TRIPLE <input type="checkbox"/> I/O - STERNDRIVE <input type="checkbox"/> POD DRIVE	
CURRENT VESSEL NAME	CURRENT MOORING (COUNTY & STATE)		EST. YEARS OF BOATING		
BANK WHERE CURRENTLY FINANCED	BANK'S PHONE NUMBER	CURRENT LOAN ACCOUNT NUMBER			

APPLICANT			
FULL NAME	BIRTHDATE	SOCIAL SECURITY #	E-MAIL ADDRESS
HOME ADDRESS	CITY/STATE/ZIP	YEARS THERE	PHONE NUMBER
EMPLOYER	OCCUPATION/RANK	YEARS THERE	I AM A U.S. CITIZEN <input type="checkbox"/> YES <input type="checkbox"/> NO
EMPLOYERS ADDRESS	CITY/STATE/ZIP	BUSINESS PHONE	
PREVIOUS ADDRESS, <i>IF LESS THAN 2 YEARS</i>	CITY/STATE/ZIP	YEARS THERE	
PREVIOUS EMPLOYER, <i>IF LESS THAN 2 YEARS</i>	EMPLOYERS ADDRESS	YEARS THERE	OCCUPATION/RANK

CO-APPLICANT			
ACKNOWLEDGEMENT BY CO-APPLICANT: By providing Co-Applicant information, you confirm your intent to apply for joint credit and be jointly liable for the debt.			
FULL NAME	BIRTHDATE	SOCIAL SECURITY #	E-MAIL ADDRESS
HOME ADDRESS	CITY/STATE/ZIP	YEARS THERE	PHONE NUMBER
EMPLOYER	OCCUPATION/RANK	YEARS THERE	I AM A U.S. CITIZEN <input type="checkbox"/> YES <input type="checkbox"/> NO
EMPLOYERS ADDRESS	CITY/STATE/ZIP	BUSINESS NUMBER	
PREVIOUS EMPLOYER, <i>IF LESS THAN 2 YEARS</i>	EMPLOYERS ADDRESS	YEARS THERE	OCCUPATION/RANK

*If you do not wish to rely upon income from alimony, child support, or separate maintenance payments as a basis for repaying this obligation, such income need not be revealed (noted as "Other" income below)

ANNUAL INCOME-APPLICANT & CO-APPLICANT - NOTE: NOT ALL MAY APPLY								
	SALARY	BONUS	RETIREMENT	INT. DIVIDENDS	BUS K-1'S	NET RENTAL	OTHER**	TOTAL
APPLICANT								
CO-APPLICANT								
TOTAL:								

CREDIT EXPERIENCE				
MORTGAGE COMPANY OR LANDLORD	<input type="checkbox"/> OWN <input type="checkbox"/> RENT	MONTHLY PAYMENT/RENT	ESTIMATED HOME VALUE	ESTIMATED BALANCE OWED

NOTICE FOR NY/OH RESIDENTS: A CONSUMER CREDIT REPORT MAY BE REQUESTED IN CONNECTION WITH THIS APPLICATION OR IN CONNECTION WITH UPDATES ON ANY CREDIT GRANTED. IF YOU SUBSEQUENTLY ASK FOR THIS INFORMATION, YOU WILL BE INFORMED WHETHER OR NOT SUCH A REPORT WAS REQUESTED AND, IF SO, THE NAME AND ADDRESS OF THE AGENCY THAT FURNISHED THE REPORT. OHIO LAWS AGAINST DISCRIMINATION REQUIRE THAT ALL CREDITORS MAKE CREDIT EQUALLY AVAILABLE TO ALL CREDIT WORTHY CUSTOMERS AND THAT CREDIT REPORTING AGENCIES MAINTAIN SEPARATE CREDIT HISTORIES ON EACH INDIVIDUAL. ALL STATE COMPLIANCE LAWS ARE APPLICABLE

THE UNDERSIGNED WARRANTS THAT THE INFORMATION PROVIDED BOTH IN THIS APPLICATION AND PERSONAL FINANCIAL STATEMENT HAS BEEN READ AND IS TRUE. THE UNDERSIGNED AUTHORIZES COASTAL FINANCIAL AND ITS ASSIGNEES AT ANY TIME TO MAKE OR HAVE MADE SUCH CREDIT INVESTIGATION AS ALLOWED BY LAW. I/WE AUTHORIZE COASTAL FINANCIAL TO INVESTIGATE THE UNDERSIGNED CREDIT CAPACITY, TO VERIFY BANK, BROKERAGE ACCOUNT BALANCES, AND INFORMATION. PHOTOCOPIES OF THIS AUTHORIZATION MAY BE USED. IN THE EVENT THAT YOU HAVE RECEIVED A PHOTOCOPY, IT SHOULD BE TREATED AS AN ORIGINAL FORM.

Applicant _____ Date _____ Co-Applicant _____ Date _____