



EQUINE  
TRANSPORTATION  
ACCEPTANCE CO.

# CONSUMER CREDIT APPLICATION

ETAC

9701 CLEVELAND AVE NW, 1ST FLOOR  
NORTH CANTON, OH. 44720

PHONE: 800-615-1645

FAX: 888-792-3788

ABOUT THE APPLICANT				ABOUT THE CO-APPLICANT			
FIRST NAME	MIDDLE	LAST	<input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE	FIRST NAME	MIDDLE	LAST	
SOCIAL SECURITY #		BIRTH DATE		SOCIAL SECURITY #		BIRTH DATE	
CURRENT STREET ADDRESS			OWN / RENT	CURRENT STREET ADDRESS			OWN / RENT
CITY	STATE	ZIP	YEARS THERE	CITY	STATE	ZIP	YEARS THERE
MORTGAGE W/ WHICH BANK	BALANCE	PAYMENT PER MONTH		MORTGAGE W/ WHICH BANK	BALANCE	PAYMENT PER MONTH	
HOME PHONE	WORK PHONE	CELL PHONE		HOME PHONE	WORK PHONE	CELL PHONE	
PREVIOUS ADDRESS (If less than 2 years at current address)			YEARS THERE	PREVIOUS ADDRESS (If less than 2 years at current address)			YEARS THERE
EMPLOYERS NAME		OCCUPATION		EMPLOYERS NAME		OCCUPATION	
EMPLOYERS ADDRESS			YEARS THERE	EMPLOYERS ADDRESS			YEARS THERE
Have you had any judgements, foreclosures, or bankruptcies in the past 10 years? <input type="checkbox"/> NO <input type="checkbox"/> YES EXPLAIN:		GROSS MONTHLY INCOME		Have you had any judgements, foreclosures, or bankruptcies in the past 10 years? <input type="checkbox"/> NO <input type="checkbox"/> YES EXPLAIN:		GROSS MONTHLY INCOME	
PREVIOUS EMPLOYER (If less than 3 years with present employer)			YEARS THERE	PREVIOUS EMPLOYER (If less than 3 years with present employer)			YEARS THERE
OTHER INCOME SOURCE (Alimony, Rent, Etc.)	OTHER INCOME MONTHLY AMOUNT			OTHER INCOME SOURCE (Alimony, Rent, Etc.)	OTHER INCOME MONTHLY AMOUNT		
** Other income sources need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.				** Other income sources need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.			
NAME OF NEAREST RELATIVE (Not living with you)		PHONE		NAME OF NEAREST RELATIVE (Not living with you)		PHONE	
ADDRESS				ADDRESS			

Everything I have stated on this application is true to the best of my knowledge and is given for the purpose of obtaining credit. I understand ETAC will retain this application whether or not it is approved. ETAC and any other creditor or prospective creditor of the undersigned are authorized to make investigations concerning the undersigned or concerning the above information and to disclose to each other the information set forth above and the results of such information.

APPLICANT'S SIGNATURE	DATE	CO-APPLICANT'S SIGNATURE	DATE
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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 upon request. Ohio Civil Rights Commission Administers compliance with this law.

VEHICLE BEING FINANCED				PRICING	
NEW / USED / DEMO	YEAR	MAKE	MODEL	SELLING PRICE	\$ _____
ORDERED UNIT				TAX	\$ _____
MSRP	INVOICE			FEES	\$ _____
SERIAL / VIN: _____				TRADE PAY OFF	\$ _____
<b>TRADE INFORMATION</b>				TRADE-IN ALLOWANCE	\$ _____
				CASH DOWN	\$ _____
YEAR	MAKE	MODEL	LEIN HOLDER	BALANCE TO FINANCE	\$ _____