

Autopark Inc.
1733 Capital Blvd
Raleigh NC 27604
Phone: (919) 835-2580
Fax: (919) 835-2581
www.autoparkinc.com

Customer Delivery Sheet

Customer Name: _____

Valid North Carolina Drivers License: _____

Proof of Residence: _____

Most Recent Pay Check Stub: _____

Reference List 7 references with:

Names/Address/Phone#: _____

Full Coverage Insurance 250Comp/250 Coll

With Proper Leinholder Info: _____

Autopark Inc
 1733 Capital Blvd
 Raleigh NC 27604
 Phone: (919) 835-2580
 Fax: (919) 835-2581
www.autoparkinc.com

APPLICANT

PRINT LEGAL FULL NAME	FIRST	MIDDLE	LAST	SUFFIX	SOCIAL SECURITY NO. - -	DATE OF BIRTH MO.DAY.YR. / /	HOME PHONE	CELL PHONE
Address					City	Zip	Driv. Lic #	Best Time to Call Primary Phone (circle one) 8am-12noon 12noon-4pm 4pm-8pm
Own Rent W/Parents Other					Payment/Rent	Time at Residence	Email Address	
Landlord/Mrtg. Holder					Phone	Previous Address	City	Zip
Time at Residence	Employer				Address	Phone	Position	
Work Schedule/Primary Hours (circle one) 6am-3pm 9am-6pm 12noon-9pm 3pm-12midnight 12midnight-9pm					Supervisor	Ph#/Extension	Hire Date (MM/DD/YY)	
Income: per	Pay Frequency	Prev. Employer			Address	City	State	Yrs on Job
Bank Info: Savings Acct. Yes No					Bank Info: Checking Acct. Yes No			
Name: Location:					Name: Location:			
Other Income Source:					Amount:	Frequency:		

Alimony/Child Support or separate maintenance income need not be revealed if you do not have it considered as a basis for repayment of this debt.

CO-APPLICANT

PRINT LEGAL FULL NAME	FIRST	MIDDLE	LAST	SUFFIX	SOCIAL SECURITY NO. - -	DATE OF BIRTH MO.DAY.YR. / /	HOME PH #	CELL PH #
Address					City	Zip	Zip	Driver's Lic. No
Own Rent W/Parents Other					Payment/Rent		Time at Res.	
Landlord/Mrtg. Holder					Phone			
Prev. Address					Zip:	Time at Res:		
Employer:					Address:		Phone:	
How Long:	Position:				Hrs. Worked:		Income: per	
Payday:					Prev. Employer:		How Long:	
Other Income Source:							Amount:	per

Alimony/Child Support or separate maintenance income need not be revealed if you do not have it considered as a basis for repayment of this debt.

I certify that the above information is complete and accurate. I understand I'm applying for credit and authorize any financial institution to obtain consumer credit reports, employment history and or other credit information as they deem necessary or appropriate. I also authorize the release of information about my credit experience with Autopark Inc.

Applicant: _____ Date: _____

Joint Applicant or Other Party: _____ Date: _____

Autopark Inc.
1733 Capital Blvd
Raleigh NC 27604
Phone: (919) 835-2580
Fax: (919) 835-2581
www.autoparkinc.com

Please provide at least one reference for Relative, Friend, Coworker or Neighbor
The reference address and phone number must be different than your address and phone number
Each reference must have a different address and phone number

Name: _____ Home Phone: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Relationship: _____

Name: _____ Home Phone: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Relationship: _____

Name: _____ Home Phone: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Relationship: _____

Name: _____ Home Phone: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Relationship: _____

Name: _____ Home Phone: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Relationship: _____

Name: _____ Home Phone: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Relationship: _____

Name: _____ Home Phone: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Relationship: _____