

New Auto

Used Auto

Year	Make	Model
Cost \$	Down Payment \$	
Trade-In \$	Loan Amount \$	
Term: <input type="checkbox"/> 24 months <input type="checkbox"/> 48 months <input type="checkbox"/> 36 months <input type="checkbox"/> 60 months		
Seller:		

**Applicant**

Name (First, Middle, Last)			
Street Address	Apt. No.	County	
City	State	Zip	
Home Phone	Time There:	Yrs.	Mos.
Social Security Number	Date of Birth		
Prior Address	Time There:	Yrs.	Mos.
City	State	Zip	

**Employment**

Employer Name			
Business Address			
City	State	Zip	
Occupation	Time There:	Yrs.	Mos.
Business Phone	Gross Annual Salary		

**If Self-Employed:** please submit two years' income tax returns; if retired, proof of income.

**Additional Annual Income**

If applicant is not relying on alimony, child support, or separate maintenance payments for repayment of credit requested, such income need not be revealed.

\$	Amount	Source		
Previous Employer or School	Time There:	Yrs.	Mos.	
Address				
City	State	Zip		

New Boat

Used Boat

Year	Make	Model
Cost \$	Down Payment \$	
Trade-In \$	Loan Amount \$	
Term: <input type="checkbox"/> 60 months <input type="checkbox"/> 84 months <input type="checkbox"/> 120 months <input type="checkbox"/> 180 months		
Seller:		

**Co-Applicant (if any)**

Name (First, Middle, Last)			
Street Address	Apt. No.	County	
City	State	Zip	
Home Phone	Time There:	Yrs.	Mos.
Social Security Number	Date of Birth		
Prior Address	Time There:	Yrs.	Mos.
City	State	Zip	

**Employment**

Employer Name			
Business Address			
City	State	Zip	
Occupation	Time There:	Yrs.	Mos.
Business Phone	Gross Annual Salary		

**If Self-Employed:** please submit two years' income tax returns; if retired, proof of income.

**Additional Annual Income**

If applicant is not relying on alimony, child support, or separate maintenance payments for repayment of credit requested, such income need not be revealed.

\$	Amount	Source		
Previous Employer or School	Time There:	Yrs.	Mos.	
Address				
City	State	Zip		

If purpose of loan is for bill consolidation, please indicate with an asterisk (\*) all loans to be paid off with this request.

**CREDIT REFERENCES**

List all debts and obligations including alimony and child support, if obligated. Attach additional sheets if necessary.

Creditor's Name (Auto)	Mo. Pmt.	Bal. Due
Creditor's Name (Other)	Mo. Pmt.	Bal. Due
Creditor's Name (Other)	Mo. Pmt.	Bal. Due
Creditor's Name (Other)	Mo. Pmt.	Bal. Due
Creditor's Name (Other)	Mo. Pmt.	Bal. Due

**DO YOU CURRENTLY HAVE:**

VISA  American Express  Mastercard

Bank Name	Checking Account #
Bank Name	Savings Account #

**YOUR PRIMARY RESIDENCE**

Address			
City	County	State	Zip
Year Acquired	Cost	Present Market Value	
Balance Due	Mo. Pmt. (inc. taxes/insurance)		
Mortgaged With			
Titled in Names of			

By signing below, you are hereby applying to 1st Mariner Bank for a Consumer Loan. You understand that approval of your request will be based upon satisfying the Bank's credit standards. You understand that the Bank maintains the right to deny your application. The Bank is authorized to check your credit history, and you agree that this application will remain the property of the Bank, whether or not you are approved for your request. The words "you" and "your" refer to each person who signs below.

Date	
Applicant's Signature	(Seal)
Co-Applicant's Signature	(Seal)

Please be sure you have completed and signed your application before mailing it. Or, save time. Just fax your application to 410-342-2405.