

**STERLING ASSOC. APPLICATION FOR FINANCING**      TEL. (877) 224-4468 / FAX (619) 224-4477 / joni@BoatLenderUSA.com

PURCHASE    REFINANCE    REFI/REPOWER       NEW    USED       INDIVIDUAL    JOINT    CORPORATE    PARTNERSHIP    TRUST    LLC

**REGULATION B NOTICE – REQUIRED FOR JOINT APPLICATIONS (INTENT TO APPLY JOINTLY MUST BE SHOWN BY INITIALING THE LINES BELOW)**

WE INTEND TO APPLY FOR JOINT CREDIT:   APPLICANT: \_\_\_\_\_   CO-APPLICANT: \_\_\_\_\_

PURCHASE PRICE	BOAT YEAR	BOAT MAKE/MODEL		LENGTH	<input type="checkbox"/> FIBERGLASS <input type="checkbox"/> METAL <input type="checkbox"/> OTHER
SALES TAX	ENGINE YEAR	ENGINE MAKE	H.P.	<input type="checkbox"/> GASOLINE <input type="checkbox"/> DIESEL	<input type="checkbox"/> SINGLE <input type="checkbox"/> TWIN <input type="checkbox"/> TRIPLE
TOTAL DOWN PAYMENT	TRAILER/TRADE YEAR	TRAILER/TRADE MAKE / DESCRIPTION			
FINANCE AMOUNT	SELLER/BROKER/DEALER	REQUESTED TERM	INTENDED USE	HOW DID YOU HEAR OF US?	

**APPLICANT**

FULL NAME		SOCIAL SECURITY NUMBER		DATE OF BIRTH	ARE YOU A US CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO	
STREET ADDRESS		CITY	STATE	ZIP CODE	MO. RENT	YEARS THERE
EMPLOYER NAME / ADDRESS			POSITION/TITLE		ANNUAL INCOME	
HOME PHONE		WORK PHONE	CELL PHONE	EMAIL ADDRESS		

**CO-APPLICANT**

FULL NAME		SOCIAL SECURITY NUMBER		DATE OF BIRTH	ARE YOU A US CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO	
STREET ADDRESS		CITY	STATE	ZIP CODE	MO. RENT	YEARS THERE
EMPLOYER NAME / ADDRESS			POSITION/TITLE		ANNUAL INCOME	
HOME PHONE		WORK PHONE	CELL PHONE	EMAIL ADDRESS		

**CREDIT INFORMATION** (ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED IF APPLICANT(S) DO(ES) NOT WISH IT TO BE CONSIDERED FOR REPAYING THIS OBLIGATION)

HAS AN APPLICANT DECLARED BANKRUPTCY IN THE LAST 10 YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO	DOES AN APPLICANT MAKE CHILD SUPPORT OR ALIMONY PAYMENTS? <input type="checkbox"/> YES <input type="checkbox"/> NO
REASON FOR FILING:	MONTHLY PAYMENT:      PAYMENTS END ON:

ASSETS			LIABILITIES		
CURRENT ASSETS	TOTAL OF BALANCES		CREDIT CARDS/LINES OF CREDIT	MO. PAYMENT	TOTAL OF BALANCES
CHECKING/SAVINGS/MONEY MARKET ACCOUNTS					
BROKERAGE ACCOUNTS					
RETIREMENT ACCOUNTS (401K, IRA, ETC)					
<b>TOTAL</b>			<b>TOTAL</b>		
REAL ESTATE – PLEASE DESCRIBE	INCOME PROP? <input type="checkbox"/> YES <input type="checkbox"/> NO	ESTIMATED VALUE	REAL ESTATE LOANS	MO. PAYMENT	BALANCE
	<input type="checkbox"/> YES <input type="checkbox"/> NO				
	<input type="checkbox"/> YES <input type="checkbox"/> NO				
<b>TOTAL</b>			<b>TOTAL</b>		
MISC. ASSETS (AUTOS, BOATS, RV'S, ETC) PLEASE DESCRIBE		ESTIMATED VALUE	MISC. LOANS	MO. PAYMENT	BALANCE
<b>TOTAL</b>			<b>TOTAL</b>		
<b>TOTAL ASSETS</b>			<b>TOTAL LIABILITIES</b>		
			<b>NET WORTH</b>		

NOTICE FOR CALIFORNIA AND UTAH RESIDENTS: As required by law, you are hereby notified that a negative credit report reflecting on your record may be submitted to a credit reporting agency if you fail to fulfill the terms of your credit obligations. NOTICE TO WASHINGTON STATE APPLICANTS: Please let us know if we should investigate your credit references and/or credit history under another name. Washington state law against discrimination prohibits discrimination in credit transactions because of race, creed, color, national origin, sex, or marital status. The Washington State Human Rights Commission administers compliance with this law.

I/we understand that Dimen Marine Financial Services extends credit at different rates and agree that I/we am/are applying for a loan and not a particular interest rate. By signing below, I/we are asking Dimen Marine Financial Services ("Dimen Marine") and/or its assigns to approve my application for a boat loan. I/we affirm that the statements on this application and personal financial statement are true and correct in all material respects and I/we understand that you will rely on them. I/we authorize Dimen Marine and any proposed credit-granting party (creditor) to 1) obtain one or more consumer credit reports and make whatever inquiries it considers appropriate in connection with this credit application or collection or periodic review of the account or loan for which I/we am/are applying; 2) to make its experience with the account or loan available to credit bureaus and persons who have or expect to have financial dealings with me; 3) to obtain for verification purposes information regarding my/our employment, loan history, and depository accounts. A photographic or facsimile copy of my/our signature below may be deemed to be the equivalent of the original and may be used as a duplicate original authorization; 4) to share collection information with my creditors; and 5) to disclose this information to any person or entity when required to do so by law; and 6) understand that you are required by law to keep a copy of my/our file whether or not you approve my/our loan.

**PATRIOT ACT NOTICE – REQUIRED INFORMATION FOR ALL APPLICATIONS**  
To help the US Government fight the funding of terrorism and money laundering, federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.

APPLICANT DRIVERS LICENSE #	STATE	DATE ISSUED	DATE EXPIRES	CO-APPLICANT DRIVERS LICENSE #	STATE	DATE ISSUED	DATE EXPIRES
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APPLICANT SIGNATURE	DATE	CO-APPLICANT SIGNATURE	DATE
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