



The Auto Program

*Credit application. We do the work! Simply let us know your choices and we will confirm pricing, arrange for test drives, and financing at special rates for our members. Or just call us at 210-301-4367.

REQUEST: YEAR _____ MAKE _____ MODEL _____ COLOR _____

APPLICANT TEXAS D/L # _____ CO-APPLICANT TEXAS D/L # _____

SCAN OR CELL PICTURE OF APPLICANT AND CO-APPLICANT D/L TO: phil.hornbeak@bcms.org or 210-347-0391? Y ___ N ___

LIST NEAREST RELATIVE NOT LIVING WITH APPL. AND/ OR CO-APPL:

NAME: _____ ADDRESS _____ PHONE _____

APPLICANT LAST NAME:	FIRST NAME:	MI:
SOCIAL SECURITY #:	DOB:	MOTHER'S MAIDEN NAME:
ADDRESS:	CITY, STATE, ZIP:	PREV ADDRESS (LESS THAN 5 YRS):
HOME PHONE #:	WORK PHONE #:	CELL PHONE #:
YRS AT RES:	OWN _____ RENT? _____	MONTHLY PAYMENT:
EMPLOYER:	YEARS EMPLOYED:	PREV EMPL (LESS THAN 3 YRS):
CURRENT BANK:	GROSS ANNUAL INCOME:	OTHER INCOME:
CO-APPLICANT LAST NAME:	FIRST NAME:	MI:
SS#:	DOB:	ADDRESS, CITY, STATE, ZIP
PREV. ADDRESS:		
HOME PHONE:	WORK PHONE:	CELL PHONE:
YRS AT RES:	OWN _____ RENT _____	MONTHLY PAYMENT:
EMPLOYER:	YEARS EMPLOYED:	PREV EMPL:
CURRENT BANK:	GROSS ANNUAL INCOME:	OTHER INCOME:

- For members of Saint Joseph's Credit Union, FirstMark Credit Union, Catholic Life Insurance Company, Bexar County Medical Society, San Antonio Bar Association, Greater San Antonio Hospital Council, Veterinary Medical Association of Bexar County, Texas Medical Association and other Texas County Medical Societies, employees and families.

THIS APPLICATION IS TO APPLY FOR CREDIT AND I (WE) CERTIFY THAT THE INFORMATION HEREIN IS TRUE AND COMPLETE. I (WE) AUTHORIZE YOU TO OBTAIN FURTHER INFORMATION CONCERNING OUR CREDIT STANDING AND AGREE THAT YOU MAY EXCHANGE INFORMATION ON OUR CREDIT PERFORMANCE WITH OTHERS WHO MAY BE CREDIT GRANTORS. WHEN COMPLETE CHOOSE THE SUBMIT BUTTON OR PRINT AND FAX TO 210-301-2155.

APPLICANT CO-APPLICANT