

**STERLING ASSOCIATES APPLICATION FOR FINANCING**

TEL. (800) 286-8073 / FAX (508) 234-1557 / WWW.BOATBANKER.COM

PURCHASE  REFINANCE  REF/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**  
**ACKNOWLEDGMENT BY CO-APPLICANT:** By providing Co-Applicant information, you confirm your intent to apply for joint credit and be jointly liable for the debt.  
 APPLICANT: \_\_\_\_\_ CO-APPLICANT: \_\_\_\_\_

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

**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
EMPLOYER NAME / ADDRESS	POSITION/TITLE	TOTAL ANNUAL INCOME	YEARS THERE
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
EMPLOYER NAME / ADDRESS	POSITION/TITLE	TOTAL ANNUAL INCOME	YEARS THERE
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 14 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 DESCRIPTION	INCOME PROP? <input type="checkbox"/> YES <input type="checkbox"/> NO	RENT INCOME	ESTIMATED VALUE	REAL ESTATE LOANS	MO. PAYMENT	BALANCE
	<input type="checkbox"/> YES <input type="checkbox"/> NO					
	<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>			

All the statements I/We have made are true and correct, and I understand you will rely upon them. Any financial institution or finance company to which applicant or co-applicant (Or seller/broker on behalf of applicant or co-applicant) may apply for financing on the boat described above is hereby authorized to investigate the credit history and capability of applicant or co-applicant. In connection with this credit application or any subsequent credit update or credit renewal, any proposed credit granting party may request a consumer report concerning the applicant and/or co-applicant. The applicant and/or co-applicant may ask whether the creditor obtained such a report. If such a report has been obtained, the applicant and/or co-applicant may request the name and address of the reporting agency that provided the report.

**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
APPLICANT SIGNATURE			DATE	CO-APPLICANT SIGNATURE			DATE