



**FINANCING APPLICATION**  
**MCI Financial Services**

**Applicant Info**

Legal Company Name:		DBA/Trade name:		Business start Date:	
Address (Street Address Only/No PO Boxes):		City, State, Zip:		County:	
Garaging address (if different)		City, State, Zip:		County:	
Contact Name:	Title:	Office Phone:	Cell Phone:	Fad:	
Type of Business (Check One): <input type="checkbox"/> Sole Prop. <input type="checkbox"/> Corp. <input type="checkbox"/> LLP/LLC		Fed. Tax ID#:	State Incorp.:	E-mail Address:	
Short history of company:					
Principal owner name (please sign below):		% of ownership:	Title:	Social Security #:	
Address:		City:	State/Zip code:	Date of Birth:	
Principal owner name (please sign below):		% of ownership:	Title:	Social Security #:	
Address:		City:	State/Zip code:	Date of Birth:	

**Bank Account Data**

Lis All Banks Used Within Last 3 Yrs.		Check Applicable					
Bank Name	Account Number	CHK	SAV	LOAN	OTHER	CONTACT	PHONE NUMBER

**Insurance Information**

Insurance company name:	Agent's name:	Phone number:

**Fleet Data (Attach separate sheet if necessary)**

Year/Make/Model	Finance Company	Account #	@ Balance / Mo Payment

**Reason for additional or replacement coach(es):**


The undersigned certifies that the above information given for credit purposes is true and correct and authorizes MCI Financial Services, its assigns and potential assigns, and any credit bureau or investigative agency to investigate the references, statements or other data listed or accompanying this application. The undersigned authorizes all parties contacted to release personal and business credit and financial information requested as a part of said investigation.

SIGNATURE:	TITLE:	DATE:
SIGNATURE:	TITLE:	DATE:

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, martial status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program, or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this creditor is: Federal Trade Commission, Equal Credit Opportunity, Washington, DC 20580. If application for credit is denied, applicant may, within 60 days of being notified of the adverse action, submit a written request for the reasons for the denial and the reasons will be furnished in writing within 30 days of receipt of applicant's request. Submit request to: MCI Financial Services, 9787 Clifford Dr., Dallas, TX 75220.

9787 Clifford Drive  
 Dallas, TX 75220  
 PHONE: 877/902-8847 FAX 502/318-8048

**Confidential Information**

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_ City & State: \_\_\_\_\_ Zip: \_\_\_\_\_

ASSETS	\$ AMOUNT	LIABILITIES	\$ AMOUNT
Cash & Bank Accounts		Secured Notes Payable	
Marketable Securities		Unsecured Notes Payable	
Accounts & Notes Receivable		Accounts Payable	
Real Estate Owned		Real Estate Mortgages	
Cash Value of Life Insurance		Loans on Life Insurance	
Personal Property		Unpaid Taxes	
Autos		Other Debts (itemize)	
Other Assets (itemized)			
		Total Liabilities	
Total Assets		Net Worth	

MONTHLY SOURCES OF INCOME			MONTHLY EXPENSES	
	Applicant	Spouse		
Salary			Mortgage/Rent Payments	
Bonus & Commissions			Charge Card Payments	
Real Estate Income			Bank Notes Payable	
Other Income (itemize)			Others (itemize)	
Total Income			Total Expenses	

**BANK ACCOUNTS**

Name	Type of Account	Account #	Balance

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**\*\*\* PLEASE SIGN BELOW & SUBMIT COPY OF DRIVERS LICENSE \*\*\***

SIGNATURE:	DATE:
SIGNATURE (if Joint):	DATE:

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