

Date: \_\_\_\_\_

NO1 DAVE'S AUTOMOTIVE LLC

506 Frankston St.  
Jacksonville, TX 75766

903-586-2781  
Fax 903-586-8165

NAME \_\_\_\_\_ SS# \_\_\_\_\_

ADDRESS \_\_\_\_\_ DRIVERS LIC# \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PHONE # \_\_\_\_\_ BIRTHDAY \_\_\_\_\_

SPOUSE NAME \_\_\_\_\_ SS# \_\_\_\_\_

SPOUSE DRIVERS LIC# \_\_\_\_\_ BIRTHDAY \_\_\_\_\_

**EMPLOYMENT** (If less than 1 year, list present employer below and previous employer on back)

NAME OF COMPANY \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE # \_\_\_\_\_

LENGTH OF EMPLOYMENT \_\_\_\_\_ SUPERVISOR \_\_\_\_\_ RATE OF PAY \_\_\_\_\_

**SPOUSE EMPLOYMENT** (If less than 1 year, list present employer below and previous employer on back)

NAME OF COMPANY \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE # \_\_\_\_\_

LENGTH OF EMPLOYMENT \_\_\_\_\_ SUPERVISOR \_\_\_\_\_ RATE OF PAY \_\_\_\_\_

**REFERENCE** (name, address, phone# of 2 people not related to you whom you have known 2 years or more)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

NAME OF RELATIVE \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

**CREDIT REFERENCE** (name, address, phone# & amount of credit)

Landlord/mortgagor: \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_