

INTERCOASTAL FINANCIAL GROUP, LLC

If this is an application for joint credit with another person, complete all sections providing information in the CO-APPLICANT section about the joint applicant.

MARINE FINANCING APPLICATION

124-A North Second Street

Fort Pierce, Florida 34950

Tel: (888) 587-LOAN / (772) 464-5885

Fax: (888) 690-LOAN / (772) 464-6907

We intend to apply for joint credit.

(PLEASE INITIAL)

Applicant

Co-Applicant

APPLICANT: FIRST NAME		MI	LAST NAME		SSN	DOB	U.S. CITIZEN <input type="checkbox"/> YES <input type="checkbox"/> NO	
HOME #			CELL #		E-MAIL			
PRESENT ADDRESS						<input type="checkbox"/> OWN <input type="checkbox"/> RENT	TIME AT ADDRESS YEARS _____ MOS _____	
PREVIOUS ADDRESS						TIME AT ADDRESS YEARS _____ MOS _____		
APPLICANT EMPLOYER				ADDRESS				
ACTIVE <input type="checkbox"/> YES <input type="checkbox"/> NO	RETIRED <input type="checkbox"/> YES <input type="checkbox"/> NO	LENGTH OF EMPLOYMENT		POSITION		WORK #		
PREVIOUS EMPLOYER				ADDRESS			LENGTH OF EMPLOYMENT	

CO-APPLICANT: FIRST NAME		MI	LAST NAME		SSN	DOB	U.S. CITIZEN <input type="checkbox"/> YES <input type="checkbox"/> NO	
HOME #			CELL #		E-MAIL			
PRESENT ADDRESS						<input type="checkbox"/> OWN <input type="checkbox"/> RENT	TIME AT ADDRESS YEARS _____ MOS _____	
PREVIOUS ADDRESS						TIME AT ADDRESS YEARS _____ MOS _____		
RELATIONSHIP TO APPLICANT								
APPLICANT EMPLOYER				ADDRESS				
ACTIVE <input type="checkbox"/> YES <input type="checkbox"/> NO	RETIRED <input type="checkbox"/> YES <input type="checkbox"/> NO	LENGTH OF EMPLOYMENT		POSITION		WORK #		
PREVIOUS EMPLOYER				ADDRESS			LENGTH OF EMPLOYMENT	

ANNUAL INCOME	WAGES	INTEREST/DIVIDEND	NET RENTAL	DISTRIBUTIONS	PENSIONS SS INCOME	OTHER INCOME SPECIFY	TOTAL INCOME
APPLICANT							
CO-APPLICANT							

TRANSACTION INFORMATION:
 Purchase Refinance Pleasure Dealer/Broker Private Sale
 How did you hear about us? _____

VESSEL DESCRIPTION: New Used

YEAR	BUILDER/MFGR	MODEL
ENGINE/HP <input type="checkbox"/> SINGLE <input type="checkbox"/> TWIN <input type="checkbox"/> GAS <input type="checkbox"/> DIESEL		
YEAR	BUILDER/MFGR	MODEL
ENGINE/HP <input type="checkbox"/> SINGLE <input type="checkbox"/> TWIN <input type="checkbox"/> GAS <input type="checkbox"/> DIESEL		

BOATING EXPERIENCE: *(Describe last two vessels owned and years of experience)*

PURCHASE PRICE OR PRESENT VALUE	\$
EQUIPMENT ADDS	\$
SALES TAX _____%	\$
TOTAL COST	\$
NET TRADE OR EQUITY	\$
CASH DOWN PAYMENT	\$
LOAN AMOUNT	\$

TERM REQUESTED:

10 years 12 years 15 years 20 years

Applicant and Co-Applicant, if any, make this statement of their assets and liabilities to obtain credit for the financing of the boat described in Boat Data. The facts in this Personal Financial Statement are true as of its date and may be relied upon by Intercoastal Financial Group, LLC or any financial institution designated by Intercoastal Financial Group, LLC. Any material changes in the information given prior to closing shall be reported to Intercoastal Financial Group, LLC. Applicant and Co-Applicant, if any, authorize Intercoastal Financial Group, LLC to review the Applicant's and Co-Applicant's, if any, credit history and employment and to disclose any inquiry in relation with the credit experiences with the Applicant and Co-Applicant.

_____ Date _____

_____ Date _____