

**Coastal Credit LLC
Dealer Funding Checklist**

Customer: _____

Date: / ____ / ____

Dealer: _____

	Buyer	Co-Buyer
1. Contract signed, balanced & completed	_____	_____
2. Coastal Credit Application signed & co-signed	_____	_____
3. Buyer's Order signed, balanced & completed	_____	_____
4. Odometer Statement signed _____	_____	_____
5. Privacy Act (one for each applicant)	_____	_____
6. Authorization & Release for Credit Report	_____	_____
7. References Form completed (one for each applicant)	_____	_____
8. Current Driver's License (check expiration date & address)	_____	_____
9. Vehicle Insurance (max \$500 deductible)	_____	_____
10. Automatic Recurring Pmt Auth Form (with voided check)	_____	_____
11. Proof of Residence/Phone Bill or Utility Bill (current)	_____	_____
12. Current Paystubs/Proof of Income (YTD Calculation)	_____	_____
13. Co-Signer Letter _____	_____	_____
14. Warranty paperwork (Warranty Co. & Lienholder copy)	_____	_____
15. GAP Form (GAP Co. & Lienholder copies (Yellow & Gold))	_____	_____
16. Signed FTC Sticker (copy front & back)	_____	_____
17. Welcome Call (all civilians & E-1 must call our office)	_____	_____
18. Title Application or Title Validation	_____	_____
19. Acknowledgement Letter (signed by each applicant)	_____	_____
20. Bookout Sheet (must list all adds & deducts)	_____	_____

*****Military Only*****

1. Military ID _____	_____	_____
2. Current LES _____	_____	_____
3. Employment Verification Letter (completed & signed)	_____	_____
4. MAC-EASE Allotment (completed & signed)	_____	_____
5. Allotment Verification Form _____	_____	_____

Comments: _____

DEALER _____ PHONE () _____

CONTACT _____ FAX () _____

Military Auto Loan Application

Last Name		First	Middle Initial	Social Security Number		Date of Birth	Home Phone ()
Address: Street		City	State	Zip	Time at Residence Yr. Mo.		Cell Phone ()
Rent _____ Own _____ Other _____	Mortgage Holder/Landlord		Phone ()	Mortgage/Rent \$	Time in Area Yr. Mo.		Email address
Previous Address: Street		City	State	Zip	Time at Previous Residence Yr. Mo.		# Dependents _____ Age of Dep(s) _____

MILITARY

Branch	Rank	EAOS	Division/Department	Supervisor	Time at Present Duty Station Yr. Mo.	
Command Address				Home of Record		
Allotments (List to Whom and Amount)				GI Bill Yes _____ No _____	Net Monthly Income \$	
Previous Employers Name and Full Address (if less than 3 yrs)			Position	Time Employed Yr. Mo.	Phone ()	

OTHER INCOME

Alimony, child support, separate maintenance under:	Court Order	Written Agreement	Oral Understanding
Source of Other Income (Explain):		\$ Per:	Total Gross Monthly Income
Is any income listed in this Section likely to be reduced before the credit requested is paid off?			\$
Marital Status (circle one) Married Separated Unmarried (including single, divorced and widowed)			

NOTICE: ALIMONY, CHILD SUPPORT OR SEPARATE MAINTENANCE NEED NOT BE REVEALED IF YOU DO NOT WISH TO HAVE IT CONSIDERED AS A BASIS FOR REPAYING THIS OBLIGATION

CO-APPLICANT

Last Name		First	Middle Initial	Social Security Number		Date of Birth	Home Phone ()
Address: Street		City	State	Zip	Relationship to Buyer		Cell Phone ()
Current Employer	Address: Street		City	State	Zip	Phone ()	Time Employed Yr. Mo.
Self Emp Other	Position		Supervisor	Phone/Ext ()		Gross Monthly Income \$	
Previous Employers Name and Full Address (if less than 3 yrs)			Position	Time Employed Yr. Mo.		Phone ()	

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Source of Other Income (Explain):		\$ Per:	Total Gross Monthly Income
Is any income listed in this Section likely to be reduced before the credit requested is paid off?			\$

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Name of Bank	Checking Account No.:		Savings Account No.:	
	Direct Deposit? Yes	No	Direct Deposit? Yes	No
Who financed last car?	Present Auto	Year	Make	Model
Is this Vehicle being used as a trade? Yes No (If No, Why?)			Primary Driver of New Purchase:	
Have you ever had a vehicle repossessed? Yes ___ No ___ Date:			Has Judgment been taken against you in the last 12 months? Yes ___ No ___	
Have you ever filed Bankruptcy? Yes ___ No ___ Date:			If yes, please give date and description:	

PRIVACY ACT

The undersigned gives authorization to the Dealer, its Finance Sources and affiliates to obtain your consumer credit report from a Consumer Reporting Agency and to verify all information you have supplied on this application for credit. You understand that any financial institution to which this application for credit is submitted will retain this application whether or not it is approved.

California Residents: An applicant, if married, may apply for a separate account.

Ohio Residents: Ohio laws against discrimination require that all creditors make credit equally available to all creditworthy customers and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio Civil Rights Commission administers compliance with this law.

Buyer's Signature: _____ **Date:** _____

Co-Buyer's Signature : _____ **Date:** _____

COASTAL CREDIT LLC

Privacy Act Release Form

To Whom It May Concern:

I understand the Privacy Act, or other laws, rules, or regulations may prohibit your disclosure of information regarding me without my express approval and consent.

You may consider this letter, or copy thereof, as your authorization to release any information concerning me to Coastal Credit LLC. This includes the release of a consumer credit report.

This release will terminate upon satisfaction of my debt to Coastal Credit LLC.

Signature

Signature of Witness

Printed Name

Printed Name of Witness

Social Security Number

_____/_____/_____
Date Executed

_____/_____/_____
Date Executed

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Signature

Signature of Witness

Printed Name

Printed Name of Witness

Social Security Number

_____/_____/_____
Date Executed

_____/_____/_____
Date Executed

COASTAL CREDIT, L.L.C.

RELATIVE SHEET

**List four (4) relatives and two (2) friends.
No two people may live at the same address.**

Name: _____ Home #: () _____
Address: _____ Work #: () _____
City/State: _____ Cell #: () _____
Relationship: _____

Name: _____ Home #: () _____
Address: _____ Work #: () _____
City/State: _____ Cell #: () _____
Relationship: _____

Name: _____ Home #: () _____
Address: _____ Work #: () _____
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Relationship: _____

Name: _____ Home #: () _____
Address: _____ Work #: () _____
City/State: _____ Cell #: () _____
Relationship: _____

COASTAL CREDIT, L.L.C.
Insurance Verificaton Form

Customer's Name: _____

Customer's Address: _____

Customer's Phone No.: () _____

Auto Covered: _____ VIN: _____

Insurance Company's Name: _____

Agent's Name: _____ Phone No.: () _____

Policy Number: _____

Lienholder Verified As: _____ Coastal Credit, LLC _____ Yes: _____ No: _____

Coverage: _____

Deductable Amounts (Maximum Deductibles \$500): _____ Comp: _____ Coll: _____

Six Month Prepaid? _____ Existing? _____

Spoke With: _____ Verified By: _____

Comments: _____

INSTRUCTIONS FOR SETTING UP MILITARY ALLOTMENT

1. CUSTOMER TO LOG IN TO MY PAY WITH THEIR LOGIN AND PIN #
2. START SAVINGS ALLOTMENT
3. USE ROUTING NUMBER **083902109** (CITIZENS UNION BANK)
(IN THE EVENT THE CUSTOMER ALREADY HAS AN ALLOTMENT GOING TO CITIZENS UNION BANK, DO NOT START A NEW ALLOTMENT BUT RATHER INCREASE THE CURRENT ONE TO INCLUDE BOTH PAYMENTS + \$3.00)
4. USE SOCIAL SECURITY # FOR ACCOUNT NUMBER
5. SET UP FOR PAYMENT AMOUNT + \$3.50
6. ONCE COMPLETED CUSTOMER WILL BE INFORMED WHEN THE ALLOTMENT WILL BE REFLECTED IN THEIR PAY *(PRINT THIS SCREEN AND INCLUDE WITH FUNDING PACKAGE)*
7. GO TO **MACALLOTMENT.NET** CLICK ON MAC-EASE FORMS AND HAVE CUSTOMER COMPLETE THAT FORM/PRINT IT, SIGN IT AND INCLUDE WITH FUNDING PACKAGE.



Automatic Recurring Payment Authorization Form

Start/New Change _____ STOP after _____ Skip/Pause until _____
Circle one: bank, day, other - explain Date of Last Deduction Date to Restart Deduction

We are pleased to offer you the convenience of an Automatic Recurring Payment Plan. Now you can have your payment automatically deducted from your checking or savings account.

The Auto-Recurring Payment Plan will help you in several ways:

- It saves time – fewer checks to write and mail.
- Helps pay your bills in a convenient and timely manner – even if you're out of town.
- Your payment is always on time—it helps maintain good credit.
- It saves postage – many people spend close to \$100 a year on postage.
- It's easy to sign up for, easy to cancel.
- It eliminates late charges

Here's how the Auto-Recurring Payment Plan works:

You authorize regularly scheduled charges to your checking/savings account. Then, just sit back and relax. Your account will be charged as scheduled. The authority you give to charge your account will remain in effect until you notify us in writing to terminate the authorization.

Please complete the information below:

I _____ authorize **Coastal Credit, L.L.C.** to charge my account \$_____ on a
(Print customer name) (Payment \$)

weekly, bi-weekly, semi-monthly, or monthly basis, plus a \$3.00 monthly fee, totaling \$_____ per
(Circle one) (Total amount due)

month for payment on my automobile/vehicle loan, with the first withdrawal to begin on _____.
(mm/dd/yyyy)

For weekly and bi-weekly payments, choose the day of the week (circle one): Mon, Tue, Wed, Thru, Fri.

(NOTE: If a calendar month has an additional pay period, you will have an additional withdrawal from your account)

For monthly and semi-monthly payments, choose the day(s) of the month: _____ and _____.

Account Type: Checking Savings



Account Information	
Bank Name	_____
Bank Routing #	_____
Account Number	_____
Please attach a copy of a voided check.	
If you are unsure of your routing number, please contact your financial institution.	

I agree to notify Coastal Credit, L.L.C. in writing of any changes in my account information or termination of this authorization 15 days prior to the next due date of the charges. I understand that all changes must be in writing and I will not dispute any recurring billing, as long as the amount corresponds to the terms indicated above in this authorization agreement.

Signature _____ Date _____ Loan No. _____

Street Address _____ City _____ State _____ Zip _____

Internal Use: Logged by _____ Date _____ Entered by _____ Date _____

FEDERAL TRADE COMMISSION

NOTICE TO COSIGNER

You are being asked to guarantee this debt. Think carefully before you do. If the borrower doesn't pay the debt, you will have to. Be sure you can afford to pay if you have to, and that you want to accept this responsibility.

You may have to pay up to the full amount of the debt if the borrower does not pay. You may also have to pay late fees or collection costs, which increase this amount.

The creditor can collect this debt from you without first trying to collect from the borrower. The creditor can use the same collection methods against you that can be used against the borrower, such as suing you, garnishing your wages, etc. If this debt is ever in default, that fact may become a part of your credit record.

This notice is not the contract that makes you liable for the debt.

IDENTIFICATION OF DEBT YOU MAY HAVE TO PAY

Name of Debtor: _____
Name of First Signer on Contract

Name of Creditor: **Coastal Credit LLC**

Kind of Debt: **Installment Sales Contract/ Security Agreement**

Date of Debt: ____/____/____

I HAVE RECEIVED A COPY OF THIS NOTICE

____/____/____
Date Signed

Signature of Co-Signer
(Second signature on contract)

COASTAL CREDIT, L.L.C.
ACKNOWLEDGEMENT
MILITARY

I, _____, understand that my first payment of \$ _____ is due on _____. I am also aware that this payment WILL NOT BE PAID BY ALLOTMENT. Therefore, I am responsible for the PAYMENT IN FULL DIRECTLY TO COASTAL CREDIT, L.L.C.

I signed the contract for and took delivery of the below referenced vehicle on _____. This contract was completely filled out and explained to me before signing it. I also understand that this contract DOES NOT INCLUDE LIABILITY INSURANCE, which is required by the State. I further understand that the Total Other Charges and Amount Paid to Others on Your Behalf disclosed in the installment contract also represents that the Seller and/or Assignee may retain a portion of these funds.

We have the right to permit you to postpone a monthly payment to a subsequent date. However, you will be charged a deferment charge equal to the amount allowed by State law for each deferred installment for each month from the date which such installment would have been payable to the date which such installment is made payable. Any deferred installment will be payable the month following the last scheduled installment under this contract.

I further acknowledge receipt of written disclosure of the terms of credit, as required by the Truth In Lending Act, prior to consummating the sale for the vehicle described below.

Year _____ Make _____ Model _____ Last Six of Vin. _____

BUYER

DATE

CO-BUYER OR CO-SIGNER

DATE

Coastal Credit, L.L.C.
Bookout Sheet

Customer Name: _____

Year: _____ Make: _____ Model: _____

Vin#: _____ Miles: _____ Cylinder 3 4 6 8

NADA Base Wholesale: \$ _____ Retail: \$ _____

Automatic Trans Manual Trans

Air Condition

Sunroof

Alum Wheels

CD Player

Theft/Recovery System

Power Windows

Power Locks

Tilt Wheel

Cruise Control

Power Seat/Seats

Other 1 _____

Other 2 _____

Mileage +/- _____

Color _____

NADA net Wholesale: \$ _____ Retail: \$ _____

Completed by: _____ Initial: _____

(print name)

COASTAL CREDIT LLC
MILITARY EMPLOYMENT VERIFICATION DOCUMENT

THIS DOCUMENT MUST BE COMPLETED BY THE MILITARY MEMBER WITH NO SPACES LEFT BLANK
(CUSTOMER: Give a copy of this completed form to your immediate supervisor) (IMMEDIATE SUPERVISOR - This form is presented to you for privacy act reasons only. You do not have to fill out any form or sign anything. Coastal Credit will be contacting you to verify this document via telephone. Please accept the privacy act statement and release below as the authorization to release your military member's information)

NAME: (FIRST) _____ (MIDDLE) _____ (LAST) _____ (JR) _____ (SR) _____
SSN: _____ DOB: _____ BRANCH OF SERVICE: _____

PRESENT RANK: _____ PROMOTION PENDING: _____ PROMOTION DATE: _____ DATE ENTERED: _____
WHEN DO YOU GET OUT OF THE SERVICE (ON THE FRONT OF YOUR MILITARY I.D. CARD) _____
COMPLETE MILITARY ADDRESS WHERE YOU ARE ASSIGNED: _____

(NAVY): DEPT: _____ DIV: _____ (ARMY-MARINES-AIR FORCE) BATLN: _____ SQUADRON: _____ PLATOON: _____

WHAT IS YOUR JOB IN THE MILITARY: _____ IMMEDIATE SUPERVISOR (W/ RANK): _____

YOUR DUTY STATION TELEPHONE #: _____ DIVISION OFFICER (W/ RANK): _____
DO YOU LIVE ON BASE/SHIP: YES _____ NO _____ IF SO, GIVE COMPLETE ADDRESS OF WHERE YOU LIVE: DECK: _____

(ON BASE) BARRACKS # OR NAME: _____ ROOM #: _____ TELEPHONE #: _____

IF YOU LIVE OFF BASE (INCLUDE STREET, APT #, CITY, STATE & ZIP): _____

_____ HOME #: _____ CELL #: _____

HOME OF RECORD ADDRESS: _____

OF DEPENDENTS: _____ CHILDRENS AGES: _____ SPOUSES NAME: _____

IF SPOUSE DOES NOT LIVE WITH YOU, GIVE COMPLETE ADDRESS: _____

IF YOU HAVE KIDS, DO YOU PAY ANY CHILD SUPPORT: YES _____ NO _____ IF YES, HOW MUCH PER MONTH: _____

HAVE YOU EVER HAD ANY DISCIPLINARY ACTION: YES _____ NO _____ IF YES, WHEN: _____

WHAT FOR: _____ WHAT TYPE OF PUNISHMENT: _____ ANY DEMOTIONS: _____

ARE YOU CURRENTLY PENDING ANY DISCIPLINARY ACTIONS: _____ PENDING A DISCHARGE: _____

ARE YOU ON MEDICAL HOLD: YES _____ NO _____ IF YES, WHAT FOR: _____

ARE YOU PENDING A TRANSFER IN THE NEXT 60 DAYS: YES _____ NO _____ IF YES, WHERE ARE YOU BEING TRANSFERRED TO:
(NEED COMPLETE ASSIGNMENT): _____

I understand that signing this document certifies all the information is true and correct. Any false information will be cause for the entire application to be turned down. Under the provisions of Sec 552a(b), Public Law 93-579, commonly known as the Privacy Act of 1974. Department of Defense Directive 5400.11 enclosure 5; and the implementing service authority Para. 7a(1), SECNAVINST 5211.5, Depart of the Navy, 14 Aug. 1975. I certify that I am the individual making the request for the purpose of obtaining credit.

SIGNATURE OF CUSTOMER / DATE

SIGNATURE OF DEALERSHIP REP. / DATE

PLEASE SEND ORIGINAL WITH CONTRACT / COPY TO CUSTOMER FOR SUPERVISOR

