

**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**