

# CREDIT APPLICATION FOR WEST MICHIGAN CDL

West Michigan CDL  
3370 Busch Drive Suite A  
Grandville, MI 49418  
616-257-9045  
888-550-4947  
fax 616-257-9046

- 1 Fill out application and **DO NOT LEAVE ANYTHING BLANK.**
  - \* Please fill out the front and back of the credit application.
  - \* Fill in Co-Application information. A Co-Signer is **REQUIRED** and **CANNOT** be a Spouse.
  
- 2 Once you have completed the application you have a few options:
  - A. Bring application back to West Michigan CDL to apply in person.
  - B. Call West Michigan CDL and we can apply right over the phone. 888-550-4947
  - C. Fax application back to West Michigan CDL 616-257-9046.
  - D. Mail Application back to West Michigan CDL.
  
- 3 Once West Michigan CDL receives your information we will process your application.
  - \* You should receive an answer on funding shortly after WMCDL has your information.
  - \* West Michigan will call you with a decision.

Any **QUESTIONS** please call West Michigan CDL.



West Michigan C.D.L., Inc.  
EST. 1990

# Credit Application

Application Information			
<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated Spouses Information: First Name _____ Present Address (Street and Number) _____ Home Phone Number _____ Cell Phone _____ Driver's License # _____	First Name _____ Middle _____ Last Name _____ Zip/Postal _____ E-mail address _____ State of Issuance _____ Expiration Date _____	Last Name _____ Birth Date _____ City _____ Monthly Payment (Rent or mortgage) \$ _____ Has your license ever been revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No if Yes please explain. _____	Social Security # _____ Do you live with your parents? <input type="checkbox"/> Yes <input type="checkbox"/> No Years/Months _____ Property Type _____ Single Family _____ Condo _____ Manufactured Home _____
<b>Employment Information</b> <input type="checkbox"/> Check here if you are unemployed			
Employer Name _____	Position Title _____	Work Phone _____	Gross Income \$ _____ per month
<b>Other Monthly Income</b>			
You do not need to include alimony, child support or separate maintenance if you do not wish to have it relied on to establish your credit worthiness.			
<b>Spouse Employment Information</b>			
Employer Name _____	Position Title _____	Work Phone _____	Gross Income \$ _____ per month
<b>Credit Information</b>			
Checking Account Balance \$ _____	Major Credit Cards <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you ever filed for bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No if yes, date filed (mm/dd/yyyy)	Are there any judgments against you? <input type="checkbox"/> Yes <input type="checkbox"/> No
Savings Account Balance \$ _____			
<b>Co-Application Information (Must have co-signer/cannot be spouse)</b>			
<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated Present Address (Street and Number) _____ Home Phone Number _____ Cell Phone _____ Driver's License # _____	First Name _____ Middle _____ Zip/Postal _____ E-mail address _____ State of Issuance _____ Expiration Date _____	Last Name _____ Birth Date _____ City _____ Monthly Payment (Rent or mortgage) \$ _____ Has your license ever been revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No if Yes please explain. _____	Social Security # _____ Years/Months _____ Property Type _____ Single Family _____ Condo _____ Manufactured Home _____
<b>Employment Information</b> <input type="checkbox"/> Check here if you are unemployed			
Employer Name _____	Position Title _____	Work Phone _____	Net Income \$ _____ per month

\*\* You will provide information about your present or former, non-applicant spouse, in the Co-applicant section, only if (a) you are married and open the account in a community property State (complete present, non-applicant spouse), or (b) you choose to rely on alimony, child support, or separate maintenance payments to establish your creditworthiness (complete by your present or former, non-applicant spouse, as applicable). Community property states are AZ, CA, ID, LA, NM, TX, WA and WI.

**PERSONAL REFERENCES IN ORDER TO FINANCE YOUR EDUCATION, YOU MUST PROVIDE ACCURATE INFORMATION. DO NOT LIST CHILDREN WHO ARE CURRENTLY LIVING WITH YOU. A VALID PHONE NUMBER AND ADDRESS FOR EACH OF YOUR REFERENCES ARE NECESSARY.**

Name	Address	Zip/Postal Code	City	State/Province	Phone Number
Your Father					
Your Mother					
Your Brother/Sister					
Personal					
Personal					

**FAIR CREDIT REPORTING ACT NOTICE TO CONSUMER**

You agree that your Application will be submitted to PARAMOUNT CAPITAL GROUP, INC. and/or its affiliate, subsidiary or successor in interest ("PCG"), for PCG's consideration as to whether you meet its requirements.

**You represent that all of the information you provided to us in your Application is true and correct to the best of your knowledge, and may be relied upon by us. You authorize the School and its Representative, Agent or Assignee to make whatever inquiries it deems necessary in connection with this application and in the course of review or collection of any credit extended in reliance on this application. You further authorize any person or Consumer Reporting agency to complete and furnish to the School and its Representative, Agent or Assignee any information that it may have or obtain in response to such inquiries, and agree that such information, along with this application shall remain the property of Schools and its Representatives, Agents or Assignees, whether or not credit is extended. A photocopy of this form is to be treated as an original. In the event that any the above information proves to be false or incomplete this application will be denied.**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Date