

Nationwide Auto Finance© LLC

References Sheet

Customer Information:			
Last Name		First Name	
SSN		DOB	
Address		Phone	
City/State		Zip	
Email:		SMS #:	SMS # Provider:

Residence Information:			
<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Relative <input type="checkbox"/> Other: _____		Monthly Payment	
Landlord Name		Landlord Phone	
Mailing Address if different :			
How long have you lived here:			

Employer Information:			
Employer Name		Address	
City/State		Zip	
Phone		Supervisor Name	
Income		<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	
How long with this employer:			

References:			
Name		Address	
City/State		Zip	
Phone		Relationship	
Name		Address	
City/State		Zip	
Phone		Relationship	
Name		Address	
City/State		Zip	
Phone		Relationship	
Name		Address	
City/State		Zip	
Phone		Relationship	
Name		Address	
City/State		Zip	
Phone		Relationship	

Signature:	Date:
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