



Please fill out the complete form accurately, especially all boxes with a red asterisk(*) next to them, or the application may not get approved. You must have good established credit and must be purchasing to qualify. False applications will inevitably fail and are based on your established credit record and how you have paid your credit notes in the past. Please note: Filling out this form does not obligate you in any way to use the credit that you happen to be approved for. Credit checks only take a matter of minutes once we receive the form and process it through our special Car Care One computer terminal. All info is kept strictly confidential and is not given out to second parties. Once you submit the application, we will contact you to let you know if you have been approved. Keep in mind that in the event you are not approved, Car Care One is not allowed by law to disclose the reason to us. You as the applicant, however, may contact them (1-800-333-1071) to find out the reason.

Do you have **GOOD Established CREDIT** ? YES ___ NO ___
and are **Purchasing** a product or service **from us** ? YES ___ NO ___

What are we doing for you? : _____

If you circled " NO "to any of the 2 questions or have not described what you are purchasing, do not proceed to fill out the form below We do not process applicants who are not making a purchase from us or who do not have good credit. You may apply for credit with no purchase by calling Care Care One: 1-800-333-1082

* Amount of Money applying for **if known** : _____

* Mother's Maiden Name: _____

* Applicant's Name (**First, Middle, Last**) : _____

*Date of Birth (**mm /dd /yyyy**) : _____

*Soc. Security Number: _____

*Present Address & Apt. no.: _____

*City: _____ State: _____ Zip: _____

*Time at Address: **Years /Months** : _____

*Previous Address (**if less than 1 year at present address**) _____

*City: _____ State: _____ Zip: _____

*Home Phone Number w/ area code: _____

*Name of Present Employer: _____

*Monthly net income from all sources: \$ _____

*Employer Phone number w/ area code: _____

*Time at Job **Years** :**Months** :_____

*Name of nearest relative **NOT** living with you: _____

* Relative's phone number w/ area code: _____

*Housing info, **check one** : own ___ rent ___ other ___

*Mortgage/Rent payment: \$ _____

Applicants Driver License information:

*Dr. Lic. no. _____ *Issuing state:_____

*Exp. date: _____

*Applicant's 2nd ID (**credit card type & issuer**): _____

*Exp. date: _____

Email address: _____

Signed:_____ Date: _____

if you are printing this form to fax to us at 303-422-2864 please sign it. If you are emailing it back as an attachment this will not be necessary.