

Targa Marine

CREDIT APPLICATION
(PLEASE PRINT)

After completion fax to (702) 425-9453 or email to BryStarCEO@aol.com

Date _____ Targa Rep _____ RV _____

Down Payment _____ Payment _____

NAME _____ HOME PHONE _____

CELL PHONE _____ WORK PHONE _____

ADDRESS _____ CITY, STATE, ZIP _____

HOW LONG HAVE YOU BEEN AT THIS ADDRESS? _____ HOUSE OR APT.? _____

APT# _____ NAME OF APTS _____ SOCIAL SEC # _____

DL# _____ State _____ DO YOU OWN OR RENT? _____ Payment \$ _____

IS THIS RESIDENCE IN YOUR NAME? _____ IF NOT, WHOSE NAME IS IT _____

IS THE ABOVE ADDRESS WHERE YOU ACTUALLY AND PHYSICALLY RESIDE? _____

(ATTACH PROOF OF RESIDENCE)

PREVIOUS ADDRESS _____

IF YOU LIVE IN A RURAL AREA TURN THIS COPY OVER AND DRAW A BRIEF MAP OF YOUR RESIDENCE.

DATE OF BIRTH _____ HEIGHT _____ WEIGHT _____ HAIR _____

EMPLOYED BY _____ COMPANY ADDRESS _____

PHONE _____

JOB ADDRESS & PHONE _____

HOW LONG HAVE YOU BEEN WITH THIS COMPANY _____

FOREMAN OR SUPERVISOR _____ DEPARTMENT & PHONE _____

INCOME \$ _____ (ATTACH VERIFICATION)

SPOUSE'S NAME _____ SOCIAL SEC # _____

DL# _____ State _____ DATE OF BIRTH _____ CELL PH _____

EMPLOYER _____ HOW LONG? _____

OFFICE ADDRESS AND PHONE _____ INCOME \$ _____

EMPLOYED AS _____ SUPERVISOR _____

(ATTACH VERIFICATION OF EMPLOYMENT AND COPY OF DRIVERS LICENSE)

HOW WILL RV BE STORED WHEN NOT IN USE _____ GARAGE _____ CARPORT _____ RV STORAGE
OTHER (DESCRIBE IN DETAIL) _____
(RV MUST BE STORED OUT OF WEATHER UNLESS OTHERWISE AGREED)

LIST EXACT ADDRESS OF STORAGE LOCATION _____

(AS PER CONTRACT YOU MUST SEND NOTIFICATION OF CHANGE IN STORAGE LOCATION)
WHERE WILL THE RV BE USED AND FOR WHAT PURPOSE _____

WHO WILL SERVICE RV ? (NAME ADDRESS &
PHONE) _____
(RV MUST BE MAINTAINED AND INSPECTED AS PER CONTRACT)

LIST ALL RVS PREVIOUSLY OWNED _____

LIST YEARS OF RV EXPERIENCE:

PLACES OF INTEREST-STABLISMENTS FREQUENTED-LIST 5 (CHURCH, BOWLING LEAGUE, ETC...)

NAME _____ ADDRESS _____ PHONE _____

NAME _____ ADDRESS _____ PHONE _____

NAME _____ ADDRESS _____ PHONE _____

NAME _____ ADDRESS _____ PHONE _____

NAME _____ ADDRESS _____ PHONE _____

LIST REASONS WHY CREATIVE FINANCING IS NECESSARY (Credit Problems)IN DETAIL:

Bank _____ Account # _____
(Attach Voided Check)

INSURANCE AGENT _____ PHONE _____

YOU MUST HAVE FULL COVERAGE INSURANCE, YOU ARE REQUIRED TO PROVIDE AN INSURANCE CERTIFICATE BEFORE
YOUR RV IS DELIVERED. IF YOU DO NOT HAVE AN INSURANCE AGENT ASK OUR REP FOR PHONE NUMBERS TO OUR
INSURANCE AGENT. FAILURE TO PROVIDE INSURANCE IS A VIOLATION OF YOUR CONTRACT.

PERSONAL FRIENDS OF YOURS AND YOUR SPOUSE-LIST 6 (LOCAL REFERENCES ARE PREFERRED HERE)

NAME _____ PHONE (HOME) _____ PHONE (WORK) _____

ADDRESS _____ CITY, STATE, ZIP _____

NAME _____ PHONE (HOME) _____ PHONE (WORK) _____

ADDRESS _____ CITY, STATE, ZIP _____

NAME _____ PHONE (HOME) _____ PHONE (WORK) _____

ADDRESS _____ CITY, STATE, ZIP _____

NAME _____ PHONE (HOME) _____ PHONE (WORK) _____

ADDRESS _____ CITY, STATE, ZIP _____

NAME _____ PHONE (HOME) _____ PHONE (WORK) _____

ADDRESS _____ CITY, STATE, ZIP _____

NAME _____ PHONE (HOME) _____ PHONE (WORK) _____

ADDRESS _____ CITY, STATE, ZIP _____

RELATIVES OF YOURS AND YOUR SPOUSE'S LIST 6 LOCAL OR OUT OF STATE

NAME _____ PHONE (HOME) _____ PHONE (WORK) _____

ADDRESS _____ CITY, STATE, ZIP _____

NAME _____ PHONE (HOME) _____ PHONE (WORK) _____

ADDRESS _____ CITY, STATE, ZIP _____

NAME _____ PHONE (HOME) _____ PHONE (WORK) _____

ADDRESS _____ CITY, STATE, ZIP _____

NAME _____ PHONE (HOME) _____ PHONE (WORK) _____

ADDRESS _____ CITY, STATE, ZIP _____

NAME _____ PHONE (HOME) _____ PHONE (WORK) _____

ADDRESS _____ CITY, STATE, ZIP _____

NAME _____ PHONE (HOME) _____ PHONE (WORK) _____

ADDRESS _____ CITY, STATE, ZIP _____

LIST ALL ASSETS INCLUDING REAL ESTATE, STOCKS/BONDS, AUTOMOBILES, etc.

LIST ALL VEHICLES OWNED OR DRIVEN (Must Match Attached Registration or Insurance Card)

YEAR _____ MAKE _____ MODEL _____ COLOR _____

LICENSE NUMBER _____ State _____

YEAR _____ MAKE _____ MODEL _____ COLOR _____

LICENSE NUMBER _____ State _____

LIST ADDITIONAL OPERATORS OF THE RV

NAME _____ RELATION _____

ADDRESS & PHONE _____

PERSON TO CONTACT IN CASE OF EMERGENCY _____

ADDRESS AND PHONE NUMBER _____

HOW DID YOU FIND ABOUT THIS LOT? AD _____ DRIVING BY _____ FRIEND _____

This company retains the right to verify all personal information and to deny sale of any RV due to incorrect or false information. You must include the following: ***COPY OF CURRENT PHONE BILL AND UTILITY BILL* *COPY OF CURRENT DRIVERS LICENSE* *PROOF OF EMPLOYMENT (If self employed include current bank statement and DBA/INC. paperwork) AUTO REGISTRATION/INSURANCE CARD. FINANCIAL STATEMENT REQUIRED ON ALL RVS OVER \$50,000.00. By signing below you give authorization for verification of this and any other obtainable information now, or at any future date. **YOU MUST ATTACH VERIFICATION OF UPFRONT FUNDS****

Signature

Spouse

COMPANY USE ONLY:

VERIFIED BY _____ DATE _____

APPROVED BY _____ DATE _____

APPROVAL GIVEN BY _____ VERIFIED BY _____ DATE _____