

# IMPORTANT

Dear Customer:

We are servicing your automobile contract and are looking forward to being of service to you. As part of our service, we will report your contract to the **CREDIT BUREAU** along with **ALL FUTURE PAYMENTS** made on the contract. We wish to do everything we can to help you **RE-ESTABLISH YOUR CREDIT RATING**. Therefore, we encourage you to complete the following information and return to us in the self-addressed, postage paid envelope. Your cooperation is greatly appreciated.

**IMPORTANT CONSUMER INFORMATION:** Federal law requires financial institutions to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law.

<b>VAC Account Number:</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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## BUYER / PRIMARY BORROWER

NAME :	HOME PHONE:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
MOBILE / CELL PHONE:	MESSAGE PHONE:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
ADDRESS:	APT:	CITY:	ZIP:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
SOCIAL SECURITY #:	DATE OF BIRTH:	M: <input type="text"/>	/	D: <input type="text"/>	/	Y: <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
DL STATE/NUMBER:	INSURANCE:	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## SPOUSE OR CO-BUYER

NAME :	HOME PHONE:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
MOBILE / CELL PHONE:	MESSAGE PHONE:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
ADDRESS:	APT:	CITY:	ZIP:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
SOCIAL SECURITY #:	DATE OF BIRTH:	M: <input type="text"/>	/	D: <input type="text"/>	/	Y: <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## BUYER / PRIMARY BORROWER's EMPLOYER

COMPANY NAME :	WORK PHONE:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
POSITION OR JOB DESCRIPTION:	WORK CITY:	SUPERVISOR:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## SPOUSE OR CO-BUYER's EMPLOYER

COMPANY NAME :	WORK PHONE:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
POSITION OR JOB DESCRIPTION:	WORK CITY:	SUPERVISOR:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## PERSONAL REFERENCES

NAME :	PHONE:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
ADDRESS:	CITY / STATE:	RELATIONSHIP:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
NAME :	PHONE:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
ADDRESS:	CITY / STATE:	RELATIONSHIP:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
NAME :	PHONE:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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