



EZ AUTO NY INC.
 43-65 BOWNE STREET 1FL
 FLUSHING NY 11355

Applicant Information

MAIN: ____ CO: ____

First Name: _____ Last Name: _____

Social Security #: _____ Date Of Birth: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone #: _____ Cell Phone #: _____

Email Address: _____ How Long? _____

Do You Own Or Rent? _____ Monthly Mortgage/Rent: _____

Employment Information

Business Name: _____ Job Title: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Employers Phone #: _____ How Long? _____

Gross Annual Income: _____

I (we) certify that the above information is complete and accurate. I (we) authorize an investigation of my (our) credit and employment history, and the release of any related information. I (we) authorize you to exchange credit information with other in connection with this application. I (we) have no outstanding obligations except as shown in this application, an no undisclosed lawsuits or judgments are entered against me (us).

X: _____
 Sign

X: _____
 Print

Date: _____