

MARINE FINANCING APPLICATION

If this is an application for joint credit with another person, complete all sections providing information in the CO-APPLICANT section about the joint applicant.

We intend to apply for joint credit _____
 (please initial) Applicant Co-Applicant



MARITIME CAPITAL GROUP
 1915 SW 21st Avenue
 Fort Lauderdale, FL 33312
 fax: 954.602.0688

APPLICANT									
First, Middle, Last			<input type="checkbox"/> Jr. <input type="checkbox"/> Sr. <input type="checkbox"/> III			Email			
US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No		Home Phone		Cell Phone		Social Security Number		Birth Date	
Present Street Address			City		State	Zip	Time at Address	Monthly Payment \$ <input type="checkbox"/> Own <input type="checkbox"/> Rent	
Prior Street Address <i>(if less than 3 years at present)</i>			City		State		Zip	Time at Address	
Current Employer		Employer Address			City		State	Zip	
Years at Employer		Work Phone		Position		Type of Business		Ownership %	
Compensation \$		<input type="checkbox"/> Monthly <input type="checkbox"/> Annually	Other Income Sources \$		<input type="checkbox"/> Monthly <input type="checkbox"/> Annually	Notice: Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.			
Previous Employer <i>(if less than 3 years at present)</i>			Years at Employer		Position		Type of Business		
Nearest Relative		Relationship	Telephone	Street Address			City	State	
Ever filed for bankruptcy?		<input type="checkbox"/> Yes <input type="checkbox"/> No	If so, what year?		Ever had repossession?		<input type="checkbox"/> Yes <input type="checkbox"/> No	If so what year?	

CO-APPLICANT									
First, Middle, Last			<input type="checkbox"/> Jr. <input type="checkbox"/> Sr. <input type="checkbox"/> III			Relationship to Applicant if any?		Email	
US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No		Home Phone		Cell Phone		Social Security Number		Birth Date	
Present Street Address			City		State	Zip	Time at Address	Monthly Payment \$ <input type="checkbox"/> Own <input type="checkbox"/> Rent	
Prior Street Address <i>(if less than 3 years at present)</i>			City		State		Zip	Time at Address	
Current Employer		Employer Address			City		State	Zip	
Years at employer		Work Phone		Position		Type of Business		Owner ship %	
Compensation \$		<input type="checkbox"/> Monthly <input type="checkbox"/> Annually	Other Income Sources \$		<input type="checkbox"/> Monthly <input type="checkbox"/> Annually	Notice: Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.			
Previous Employer <i>(if less than 3 years at present)</i>			Years at Employer		Position		Type of Business		
Nearest Relative		Relationship	Telephone	Street Address			City	State	
Ever filed for bankruptcy?		<input type="checkbox"/> Yes <input type="checkbox"/> No	If so, what year?		Ever had repossession?		<input type="checkbox"/> Yes <input type="checkbox"/> No	If so what year?	

PERSONAL FINANCIAL STATEMENT				
(CO-APPLICANTS WITHOUT JOINT CREDIT ACCOUNTS MUST COMPLETE SEPARATELY)				
Assets	Value	Liabilities	Balance	Monthly Payment
Cash in banks	\$	Credit cards	\$	\$
Cash / securities investments	\$	Notes payable	\$	\$
401k / IRA / retirement assets	\$	Other liabilities	\$	\$
Value of residence	\$	Mortgage - residence	\$	\$
Other real estate #1	\$	Mortgage – other #1	\$	\$
Other real estate #2	\$	Mortgage – other #2	\$	\$
Auto	\$	Auto loan / lease	\$	\$
Boat	\$	Boat loan	\$	\$
Other	\$	Total Liabilities	\$	
Total Assets	\$	Net Worth	\$	

BOAT DATA					
<input type="checkbox"/> New <input type="checkbox"/> Used	<input type="checkbox"/> Pleasure Use	Year	Manufacturer	Model	Length
<input type="checkbox"/> Refinance	<input type="checkbox"/> Liveaboard <input type="checkbox"/> Other _____				
Is a trailer included? <input type="checkbox"/> Yes <input type="checkbox"/> No	Engine Manufacturer <input type="checkbox"/> Gas <input type="checkbox"/> Diesel	Horse Power – Each Engine			
	<input type="checkbox"/> Single <input type="checkbox"/> Twin <input type="checkbox"/> Triple				
Selling Price \$	Sales Tax \$	Cash Down Payment \$	Trade-in (net of any loan) \$	Amount to Finance \$	
Requested Term (in years) <input type="checkbox"/> 15 Yrs <input type="checkbox"/> 20 Yrs	Description of Trade (year, make, model, length)	Lien Holder on Trade			
<input type="checkbox"/> Maximum Allowed <input type="checkbox"/> Other _____					
Seller / Broker Name	Dealership / Brokerage	Seller / Broker Phone #	Stock or Listing #		

ACKNOWLEDGEMENT			
Applicant and co-applicant, if any, make this Marine Financing Application to obtain credit for the financing of the boat described in Boat Data. The facts in this Marine Financing Application are true as of the signature date and may be relied upon by Maritime Capital Group or any financial institution designated by Maritime Capital Group. Any material changes in the information given prior to closing shall be reported to Maritime Capital Group. Applicant and Co-Applicant, if any, authorize Maritime Capital Group or any financial institution designated by Maritime Capital Group to review the Applicant's and Co-Applicant's, if any, credit history and employment and to disclose any inquiry in relation to the credit experience with the Applicant and Co-Applicant.			
_____	_____	_____	_____
Signature	Date	Signature	Date

- | OTHER REQUIRED DOCUMENTATION |
|--|
| <p>Please provide at time of application:</p> <ul style="list-style-type: none"> ● Completed and signed credit application including personal financial statement ● Enlarged legible copy of valid identification for each applicant (drivers license or passport preferred) ● Verification of liquidity – current bank and/or brokerage account statements ● Income verification (each of the following, if applicable) <ul style="list-style-type: none"> ○ Recent pay stub ○ Most recent 2 years personal federal (1040) tax returns (all schedules, K-1s, and W-2s) ○ Most recent 2 years federal business tax returns (1120, 1120S or 1065), if you own your own company |