



Call Toll Free at
866-405-7600
or Fill Out This
Form To Submit Online

DEALER NAME: American Air Heating & Cooling Inc.

CALL BACK NUMBER: (803) 327-3100 or (704) 499-9382

DEALER #: 10516

LOAN APPLICATION

APPLICANT MUST BE PROPERTY OWNER

AMOUNT
REQUESTED \$ _____

APPLICANT #1

NAME		SOCIAL SECURITY #	
STREET ADDRESS			YEARS
CITY		COUNTY	STATE ZIP
PROPERTY OWNER	<input type="checkbox"/> YES <input type="checkbox"/> NO	TYPE OF RESIDENCE <input type="checkbox"/> HOME <input type="checkbox"/> DUPLEX <input type="checkbox"/> CONDO <input type="checkbox"/> MOBILE HOME	
PREVIOUS STREET ADDRESS			YEARS
PREVIOUS CITY			STATE ZIP
HOME PHONE ()		EQUIPMENT LOCATION ADDRESS:	
DATE OF BIRTH / /		MONTHLY MORTGAGE PAYMENT \$	
EMPLOYED BY			PHONE ()
EMPLOYER'S ADDRESS			
POSITION			
LENGTH OF EMPLOYMENT		YEARS _____ MONTHS _____	SALARY \$ _____ GROSS YEARLY
ADDITIONAL SOURCES OF INCOME			
1)			\$
HAVE YOU FILED BANKRUPTCY WITHIN THE LAST 10 YEARS?			
NEAREST RELATIVE (OTHER THAN SPOUSE)			
ADDRESS			PHONE ()
PERSONAL REFERENCE (NOT A RELATIVE)			PHONE ()

APPLICANT #2 (IF APPLICABLE)

NAME		SOCIAL SECURITY #	
RELATIONSHIP			SOCIAL SECURITY #
CURRENT HOME ADDRESS			
CITY			STATE ZIP
HOME PHONE ()			
DATE OF BIRTH / /			
EMPLOYED BY			PHONE ()
LENGTH OF EMPLOYMENT		YEARS _____ MONTHS _____	SALARY \$ _____ GROSS YEARLY

I certify that the information furnished on this application is true to the best of my knowledge and belief. Authorization is hereby given to EnerBankUSA Finance and/or any related business entity to contact recognized credit bureaus in order to secure credit information they may have pertaining to my credit paying habits, and further, to verify information furnished on this application.

APPLICANT'S SIGNATURE

DATE

APPLICANT #2 SIGNATURE

DATE