

Auto Loans – Shipping Request

Fax to: Dealer Center - (808) 532-4200

Account Number:	Contact Phone No.:
Applicant's Name:	Co-Applicant's Name:
Request to Ship Auto (the following items are REQUIRED): <ul style="list-style-type: none"> Proposed Shipping Date and Destination of collateral Information regarding your new physical and mailing address Information regarding your new employment Information regarding your current insurance carrier At least THREE (3) REFERENCES with complete address, telephone number and relationship. <u>Non-military</u> applicants must provide a LETTER from FUTURE EMPLOYER VERIFYING POSITION AND SALARY. <u>Military</u> applicants must provide a copy of most recent L.E.S. and COPY OF ORDERS showing new command. Copy of INSURANCE DECLARATION PAGE (your insurance carrier can provide). <p style="text-align: center;">REVIEW PROCESS FOR ALL REQUESTS WILL TAKE 3 TO 5 WORKING DAYS. YOU WILL BE NOTIFIED OF THE DECISION BY DEALER CENTER.</p>	

REASON FOR SHIPMENT:		
Date of Proposed Shipment	Shipping Company	Destination

APPLICANT INFORMATION:	
Future Address-Street, City/State/Zip (Also provide physical address if different from mailing address)	Phone Number
Future Employer – Name and Address	Phone Number

CO-APPLICANT INFORMATION:	
Future Address-Street, City/State/Zip (Also provide physical address if different from mailing address)	Phone Number
Future Employer – Name and Address	Phone Number

INSURANCE INFORMATION:		
Name of Insurance Carrier	Policy Number	Expiration Date

PERSONAL REFERENCES:		
Name and Address	Relationship	Phone Number
Name and Address	Relationship	Phone Number
Name and Address	Relationship	Phone Number

YOUR SIGNATURES – READ CAREFULLY			
By signing below, you certify that all of the information you furnished in this Request form is true and correct to the best of your knowledge. You are authorized to check my credit and employment history and to answer questions about your credit experience with me.			
_____	_____	_____	_____
Applicant's Signature	Date	Applicant's Signature	Date

BANK USE ONLY:					
Loan Date:	Original Amount:	Current Balance:	Book Value:		
Last Paid:	Next Due:	Times Delinq:	<30:	30:	60:
			90:	VSI?	
<input type="checkbox"/> Approved – Date: _____ By: _____			<input type="checkbox"/> Denied – Date: _____ By: _____		
Comments or Special Instructions:			Reason for Declination:		