

TRANSACTION TYPE		PURCHASE <input type="checkbox"/> SELLER _____ DEALER/BROKER <input type="checkbox"/>		IF REFINANCE: CURRENT PAYMENT _____		BOAT <input type="checkbox"/> PLEASURE <input type="checkbox"/> LIVEBOARD <input type="checkbox"/>	
		REFINANCE <input type="checkbox"/> CURRENT LENDER _____ PRIVATE <input type="checkbox"/>		CURRENT LOAN RATE _____		USE <input type="checkbox"/> LIMITED CHARTER _____	
BOAT INFORMATION		POWER <input type="checkbox"/> NEW <input type="checkbox"/> YEAR _____ MAKE _____ MODEL _____ LENGTH _____	TRAILER 1 AXLE <input type="checkbox"/> 2 AXLE <input type="checkbox"/> 3 AXLE <input type="checkbox"/>	FIBERGLASS <input type="checkbox"/> WOOD <input type="checkbox"/> METAL <input type="checkbox"/>	ENGINE MAKE _____	SINGLE <input type="checkbox"/> GAS <input type="checkbox"/> TWIN <input type="checkbox"/> DIESEL <input type="checkbox"/> TRIPLE <input type="checkbox"/> HP _____	
TRADE-IN INFORMATION		POWER <input type="checkbox"/> YEAR _____ MAKE _____ MODEL _____ LENGTH _____	TRAILER 1 AXLE <input type="checkbox"/> 2 AXLE <input type="checkbox"/> 3 AXLE <input type="checkbox"/>	FIBERGLASS <input type="checkbox"/> WOOD <input type="checkbox"/> METAL <input type="checkbox"/>	ENGINE MAKE _____	SINGLE <input type="checkbox"/> GAS <input type="checkbox"/> TWIN <input type="checkbox"/> DIESEL <input type="checkbox"/> TRIPLE <input type="checkbox"/> HP _____	
PREVIOUS BOATS OWNED			INTENDED CLOSING DATE _____ / _____ / _____		DATE OF MONTH PAYMENT DESIRED _____		
MARINA (NAME & ADDRESS) BOAT WILL BE KEPT:					SLIP # _____	SLIP CHARGE \$ _____	
PURCHASE PRICE	SALES TAX	CASH DOWN PAYMENT	TRADE ALLOWANCE	OWED ON TRADE	LOAN REQUEST/REFINANCE AMT	REQUESTED TERMS	
\$ _____	+ _____	- _____	- _____	+ _____	= \$ _____	15 YRS <input type="checkbox"/> 20 YRS <input type="checkbox"/> 25 YRS <input type="checkbox"/> 30 YRS <input type="checkbox"/> OTHER <input type="checkbox"/> _____	
HOW DID YOU HEAR ABOUT US?					SEND THIS APPLICATION TO THE ATTENTION OF:		
<input type="checkbox"/> DEALER/BROKER <input type="checkbox"/> REFERRAL <input type="checkbox"/> SHOW <input type="checkbox"/> PRINT AD <input type="checkbox"/> INTERNET <input type="checkbox"/> MAILER <input type="checkbox"/> OTHER _____							
EACH APPLICANT MAY APPLY FOR INDIVIDUAL OR JOINT CREDIT, REGARDLESS OF MARITAL STATUS. THIS APPLICATION IS FOR: <input type="checkbox"/> INDIVIDUAL CREDIT <input type="checkbox"/> JOINT CREDIT WITH _____ <input type="checkbox"/> LLC <input type="checkbox"/> TRUST <input type="checkbox"/> CORPORATION <input type="checkbox"/> OTHER _____							
WE INTEND TO APPLY FOR JOINT CREDIT (please sign) APPLICANT _____ CO-APPLICANT _____ Gross Income Instructions: Gross Income is income before taxes. For income that is not subject to Federal Income Tax, you may gross-up (increase) such non-taxable income by your effective tax rate percentage from last year. If you were not required to file a Federal tax return last year, you may gross-up by 25%.							
APPLICANT FIRST NAME		MIDDLE _____ LAST _____		DATE OF BIRTH (MM/DD/YY) _____	SOCIAL SECURITY # _____	US CITIZEN <input type="checkbox"/> YES <input type="checkbox"/> NO	
STREET ADDRESS			CITY _____ STATE _____ ZIP _____	<input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> OTHER _____	TIME THERE _____ YR _____ MO	MONTHLY PAYMENT \$ _____	
HOME PHONE		OTHER/CELL:		E-MAIL ADDRESS			
DRIVER'S LICENSE #		STATE OF ISSUE _____	PREVIOUS ADDRESS (If less than 3 years at current address) _____			TIME THERE _____ YR _____ MO	
EMPLOYER NAME: <input type="checkbox"/> ACTIVE <input type="checkbox"/> SELF EMPLOYED <input type="checkbox"/> RETIRED			TYPE OF BUSINESS _____	POSITION/TITLE _____	% OWNERSHIP _____	GROSS MONTHLY INCOME' \$ _____	
BUSINESS STREET ADDRESS			CITY _____ STATE _____ ZIP _____	PHONE _____		TIME THERE _____ YR _____ MO	
PREVIOUS EMPLOYER (If less than 3 years at current job)			STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____		TIME THERE _____ YR _____ MO		
OTHER GROSS INCOME' AND SOURCE <small>Alimony, child support, and/or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.</small>			HAVE YOU EVER FILED BANKRUPTCY? <input type="checkbox"/> YES <input type="checkbox"/> NO	DO YOU PAY? CHILD SUPPORT \$ _____ ALIMONY \$ _____	ANY OUTSTANDING LIENS OR JUDGMENTS AGAINST YOU? <input type="checkbox"/> YES <input type="checkbox"/> NO		
_____ \$ _____ <input type="checkbox"/> MONTHLY <input type="checkbox"/> YEARLY			If yes, year _____				
NEAREST RELATIVE		STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____		PHONE _____	RELATIONSHIP _____		
<small>If you reside in a community property state (AZ, CA, ID, LA, NM, NV, TX, WA, WI), please provide the name and social security number of your spouse or other person who has community property rights pursuant to state law.</small>				NAME _____	SOCIAL SECURITY # _____		
CO-APPLICANT FIRST NAME		MIDDLE _____ LAST _____		DATE OF BIRTH (MM/DD/YY) _____	SOCIAL SECURITY # _____	US CITIZEN <input type="checkbox"/> YES <input type="checkbox"/> NO	
STREET ADDRESS			CITY _____ STATE _____ ZIP _____	<input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> OTHER _____	TIME THERE _____ YR _____ MO	MONTHLY PAYMENT \$ _____	
HOME PHONE		OTHER/CELL:		E-MAIL ADDRESS			
DRIVER'S LICENSE #		STATE OF ISSUE _____	PREVIOUS ADDRESS (If less than 3 years at current address) _____			TIME THERE _____ YR _____ MO	
RELATIONSHIP TO APPLICANT		EMPLOYER NAME _____	TYPE OF BUSINESS _____	POSITION/TITLE _____	% OWNERSHIP _____	GROSS MONTHLY INCOME' \$ _____	
		<input type="checkbox"/> ACTIVE <input type="checkbox"/> SELF-EMPLOYED <input type="checkbox"/> RETIRED					
BUSINESS STREET ADDRESS			CITY _____ STATE _____ ZIP _____	PHONE _____		TIME THERE _____ YR _____ MO	
PREVIOUS EMPLOYER (If less than 3 years at current job)			STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____		TIME THERE _____ YR _____ MO		
OTHER GROSS INCOME' AND SOURCE <small>Alimony, child support, and/or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.</small>			HAVE YOU EVER FILED BANKRUPTCY? <input type="checkbox"/> YES <input type="checkbox"/> NO	DO YOU PAY? CHILD SUPPORT \$ _____ ALIMONY \$ _____	ANY OUTSTANDING LIENS OR JUDGMENTS AGAINST YOU? <input type="checkbox"/> YES <input type="checkbox"/> NO		
_____ \$ _____ <input type="checkbox"/> MONTHLY <input type="checkbox"/> YEARLY			If yes, year _____				

By signing below as Applicant(s), you, individually and jointly: (1) Certify that the information in this credit application is true and complete as of this date. (2) Agree that this application is the property of Essex Credit, a division of Bank of the West ("Essex Credit") and need not be returned to you. (3) Authorize Essex Credit and/or any of its potential future assignees in connection with this application for credit to verify the accuracy and completeness of all information shown in this credit application from any source Essex Credit and/or any potential future assignees chooses, including obtaining credit bureau reports. This authorization extends to your spouse or other person who has community property rights pursuant to state law if you reside in a community property state. (4) Agree that Essex Credit, its affiliate(s), agent(s) and service provider(s) may monitor and record telephone calls regarding your account to assure the quality of Essex Credit's service or for other reasons. You also expressly consent to Essex Credit, its affiliate(s), agent(s) and service provider(s) using written, electronic or verbal means to contact you. This consent includes, but is not limited to, contact by manual calling methods, prerecorded or artificial voice messages, e-mails, text messages and/or automatic telephone dialing systems. You agree Essex Credit, its affiliate(s), agent(s) and service provider(s) may do so using any e-mail or any telephone number you provide, including a number for a cellular phone or other wireless device, regardless of whether you incur charges as a result. (5) If you authorize someone (such as a broker/dealer/manufacturer or any other third party) to submit this application, that party will receive information regarding Essex Credit's credit decision and your application number. If you do not wish this information shared then you should submit the loan application to Essex Credit directly. (6) You authorize Essex Credit to exchange credit and other information with others in connection with this application consistent with Bank of the West Consumer Privacy Policy. This application is governed by California law. Financing provided through Bank of the West.

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT: To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask you for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

Notice for New York Residents – A consumer credit report may be requested in connection with this application or with updates, renewals or extensions of any credit granted as a result of this application. If you subsequently ask for this information, you will be informed whether or not such a report was requested and, if so, the name and address of the agency that furnished the report.

Notice for Ohio Residents – The Ohio laws against discrimination require that all creditors make credit equally available to all credit worthy customers, and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio Civil Rights Commission administers compliance with this law.

Notice to Married Wisconsin Residents – Wisconsin Law provides that no agreement, unilateral statement or court decree relating to marital property shall adversely affect a creditor's interest, unless prior to the time credit is granted the creditor is furnished a copy of the agreement, statement or decree or has actual knowledge of the adverse provisions. You must indicate the name of your spouse on the credit application, and the address if different from yours.

Notice to California and Utah Residents – As required by law, you are hereby notified that a negative credit report reflecting on your credit record may be submitted to a credit reporting agency if you fail to fulfill the terms of your credit obligations.

Notice for Maine Residents – If this application is approved by the creditor, you will be required to obtain and maintain physical damage insurance on the collateral securing the debt. You have a right of free choice in the selection of the agent and insurer through or by which the insurance is placed.

