

To Apply for Credit

Complete the application and submit it to us by mail or fax along with the following:

1. Copy of current paystubs
 2. Two years current 1040 Federal Income Tax returns with supporting schedules, including W-2's
 3. Two years Business Financial Statements
 4. Corporate Federal Income Tax returns, if Self-Employed
 5. Copy of Boat Purchase Agreement
 6. Proof of liquid assets
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Submit by Mail

To submit by mail, send all of the above referenced documents to:

Scott Financial Services
1407 Fleet Street, 2nd Floor
Baltimore, MD 21231

Submit by Fax

To submit by fax, send all of the above referenced documents to:

(410) 675-0843

NOTICE: *The information contained in this statement is provided for the purpose of obtaining, or maintaining credit with Scott Financial on the behalf of the undersigned, or persons, firms or corporations in whose behalf the undersigned may either severally or jointly with others, execute a guarantee in your favor. Each undersigned understands that you are relying on the information provided herein (including the designation made as to the ownership of property) in deciding to grant or continue credit. Each undersigned represents and warrants that the information provided is true and complete and that you may consider this statement as continuing to be true until a written notice of change is given to you by the undersigned. You are authorized to make all inquiries you deem necessary to verify the accuracy of the statements made herein, and to determine my/our creditworthiness. You are authorized to answer questions about your credit experience with me/us. Thank you for your application, we will process your information immediately.*

Important information about your new account:

TO HELP 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.

Boat Loan Application



Complete all sections of this application which apply to you.
 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)

Apply Today: Online: www.marineloan.com
Fax: 410-675-0843
Mail: 1407 Fleet Street, 2nd Floor
 Baltimore, MD 21231
Any Questions Call: Toll Free 1-800-556-0666
 Local 410-675-6700

Applicant _____ Co-Applicant _____

BOAT INFORMATION	SELLER'S NAME AND ADDRESS							HOW DID YOU HEAR ABOUT US?			
	<input type="checkbox"/> NEW <input type="checkbox"/> USED <input type="checkbox"/> REFINANCE	YEAR BUILT	MANUFACTURER	MODEL	L/O/A	<input type="checkbox"/> FIBERGLASS <input type="checkbox"/> WOOD <input type="checkbox"/> METAL	<input type="checkbox"/> GAS <input type="checkbox"/> DIESEL	<input type="checkbox"/> SINGLE <input type="checkbox"/> TWIN	HP & MAKE		
	CURRENT RATE _____%										
	SELLING PRICE (INCL. TAX)	DOWN PAYMENT	TRADE-IN \$		AMOUNT TO FINANCE			TERM			
\$	CASH \$	(NET)		\$				<input type="checkbox"/> 25	<input type="checkbox"/> 20	<input type="checkbox"/> 15	<input type="checkbox"/> 10
DESCRIPTION OF TRADE-IN:	YEAR BUILT	MANUFACTURER	MODEL	L/O/A	<input type="checkbox"/> FIBERGLASS <input type="checkbox"/> WOOD <input type="checkbox"/> METAL	<input type="checkbox"/> GAS <input type="checkbox"/> DIESEL	<input type="checkbox"/> SINGLE <input type="checkbox"/> TWIN	HP & MAKE			

APPLICANT	FIRST NAME	INITIAL	LAST NAME	SOCIAL SECURITY NUMBER	DATE OF BIRTH	EMAIL	US CITIZEN <input type="checkbox"/> YES <input type="checkbox"/> NO	
	HOME ADDRESS	STREET, CITY, STATE, ZIP				YEARS	PHONE	DEPENDENTS
	MORTGAGE COMPANY (OR LANDLORD)	PHONE			<input type="checkbox"/> OWN <input type="checkbox"/> RENT	MORTGAGE BALANCE	MONTHLY PAYMENT	
	PREVIOUS ADDRESS (IF AT PRESENT ADDRESS LESS THAN TWO YEARS)				NEAREST RELATIVE (NOT LIVING WITH YOU)		PHONE	
	PRESENT EMPLOYER	STREET, CITY, STATE, ZIP			PHONE		LENGTH OF EMPLOYMENT	
	POSITION HELD	SALARY		SUPERVISOR				
			\$	PER				
	PREVIOUS EMPLOYER (IF LESS THAN 3 YEARS AT CURRENT JOB)				PHONE		LENGTH OF EMPLOYMENT	
OTHER SOURCES OF INCOME (DESCRIBE)				AMOUNT (OTHER INCOME)				
				\$ <input type="checkbox"/> MONTH <input type="checkbox"/> YEAR				

FINANCIAL	PERSONAL CHECKING ACCOUNT (BANK OR SAVINGS AND LOAN)	BRANCH ADDRESS	ACCOUNT NO.
	PERSONAL SAVINGS ACCOUNT (BANK OR SAVINGS AND LOAN)	BRANCH ADDRESS	ACCOUNT NO.
	CURRENT BOAT FINANCED BY	HAVE YOU EVER BEEN BANKRUPT: <input type="checkbox"/> YES <input type="checkbox"/> NO _____ YEAR	DO YOU PAY ALIMONY/CHILD SUPPORT <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE STATE ANNUAL AMOUNT \$ _____

CO-APPLICANT	FIRST NAME	INITIAL	LAST NAME	SOCIAL SECURITY NUMBER	DATE OF BIRTH	EMAIL	US CITIZEN <input type="checkbox"/> YES <input type="checkbox"/> NO	
	HOME ADDRESS	STREET, CITY, STATE, ZIP				YEARS	PHONE	DEPENDENTS
	MORTGAGE COMPANY (OR LANDLORD)	PHONE			<input type="checkbox"/> OWN <input type="checkbox"/> RENT	MORTGAGE BALANCE	MONTHLY PAYMENT	
	PREVIOUS ADDRESS (IF AT PRESENT ADDRESS LESS THAN TWO YEARS)				NEAREST RELATIVE (NOT LIVING WITH YOU)		PHONE	
	PRESENT EMPLOYER	STREET, CITY, STATE, ZIP			PHONE		LENGTH OF EMPLOYMENT	
	POSITION HELD	SALARY		SUPERVISOR				
			\$	PER				
	PREVIOUS EMPLOYER (IF LESS THAN 3 YEARS AT CURRENT JOB)				PHONE		LENGTH OF EMPLOYMENT	
OTHER SOURCES OF INCOME (DESCRIBE)				AMOUNT (OTHER INCOME)				
				\$ <input type="checkbox"/> MONTH <input type="checkbox"/> YEAR				

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SIGNATURE OF APPLICANT _____ DATE _____ SIGNATURE OF CO-APPLICANT _____ DATE _____



SCOTT FINANCIAL SERVICES

Marine Financing

PERSONAL FINANCIAL STATEMENT

AS OF _____ 20__

I/WE MAKE THE FOLLOWING STATEMENT OF ALL MY/OUR ASSETS AND LIABILITIES AT THE CLOSE OF BUSINESS ON THE DATE INDICATED ABOVE.

ASSETS	LIABILITIES	PAYMENT	BALANCE
CASH (BANK NAME, LIST SEPARATELY)	NOTES PAYABLE (COMPANY NAME)		
\$		\$	\$
	HOME EQUITY LINE		
\$		\$	\$
	BOAT LOAN		
\$		\$	\$
DEPOSIT ON BOAT	AUTO LOAN		
\$		\$	\$
MARKETABLE SECURITIES (STOCKS, BONDS - ENCLOSE LIST)	AUTO LOAN		
\$		\$	\$
	CREDIT CARDS		
\$		\$	\$
	CREDIT CARDS		
\$		\$	\$
401K, RETIREMENT, IRA, ETC.	PERSONAL LOAN		
PRIMARY RESIDENCE	PRIMARY RESIDENCE		
\$		\$	\$
LIFE INSURANCE (NAME, CASH SURRENDER VALUE)			
\$		\$	\$
NOTES AND ACCOUNTS RECEIVABLE (NAME)			
\$		\$	\$
REAL ESTATE (LOCATION)	REAL ESTATE MORTGAGE PAYABLE		
\$		\$	\$
SECOND HOME	SECOND HOME		
\$		\$	\$
RENTAL	RENTAL		
\$		\$	\$
RENTAL	RENTAL		
\$		\$	\$
AUTOMOBILE(S)	OTHER LIABILITIES (ITEMIZE)		
\$		\$	\$
		\$	\$
BOAT(S)		\$	\$
\$		\$	\$
OTHER ASSETS (ITEMIZE)		\$	\$
\$		\$	\$
		\$	\$
TOTAL ASSETS	TOTAL LIABILITIES		
\$			\$

NET WORTH (TOTAL ASSETS MINUS TOTAL LIABILITIES) = \$ _____

SIGNATURE OF APPLICANT _____ SIGNATURE OF CO-APPLICANT _____

Important Information About Opening Your New Account

To help 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.