



Automotive Credit Corporation Mobility Checklist



Email scanned funding packages to fundingdocs@automotivecredit.com

mobility@automotivecredit.com

- ✓ Deal proposal
- ✓ Conversion info
- ✓ POI Pre-check

For Funding Help: Jennifer Gomez
(p): 248-744-4568
jgomez@automotivecredit.com

Mail Originals to:
Automotive Credit - Attn: Funding
26261 Evergreen Rd. Ste.300
Southfield, MI 48076

Funding Checklist:

****needs original signature – copies not accepted****

Every Deal: ****Retail Installment Contract****

- Credit Application (signed)
- Buyer's Guide
- Odometer Disclosure
- Bookout sheet (NADA Clean Trade)
- Bookout sheet (mobility equipment)
- Bill of Sale / Buyer's Order (CA Exempt)
- Title Application (CA exempt)
- Agreement to Provide Insurance
- Proof of Insurance
- Valid Government ID

Representative: Kristan Opdahl

(c): 818-314-0895

kopdahl@automotivecredit.com

Underwriters:

Clory Paola - (PST) - CA
cpaola@automotivecredit.com (p):
323-741-3848

Pita Delgado - (PST) - CA
(p): 323-238-3805
pdelgado@automotivecredit.com

Nicole Ellison - (EST) - MI
nellison@automotivecredit.com
(p): 248-415-4719

Funders:

Griselda Gomez - (PST) - CA
(p): 323-741-3854
ggomez@automotivecredit.com

Jenny Castillo - (PST) - CA
(p): 323-741-3854
jcastillo@automotivecredit.com

As Needed:

- Reference Sheet
- Proof of Residence (POR)
- Proof of Income (POI)
- GAP and/or Service Contract
- Arbitration Agrmt. (if not in RIC)
- Notice to Cosigner (if applicable)
- Notice to Cosigner (New York)

California:

- Optional Products Disclosure
- Foreign Language Transaction
- Contract Cancellation Option Agreement (Under \$40k)

Florida:

- Head of Family Exemption of Garnishment Waiver

Lienholder Address: Automotive Credit Corp.
26261 Evergreen Rd. Suite 300 Southfield, MI
48076

Insurance Loss Payee: Automotive Credit Corp.
P.O. Box 2818 Sioux City, IA 51106

Titles: Susan Hughes
(p): 800-810-2202 x1276
titles@automotivecredit.com

[Additional Resources](#)

[Document Library](#)

User: 2016ACC1
Pass: Dealers1

Customer Interview: (p): 248-359-2669

ACC 10-Payoff Quote: (p): 248-359-3488

Customer Payment Options



APPLICATION STATEMENT

Send to:
fundngdocs@automotivecredit.com
 APPLICANT AND JOINT APPLICANT MUST COMPLETE
 SEPARATE FORMS

Dealer _____
 Contact _____
 Phone _____
 Dealer Fax _____
 App No. _____

First Name _____		Middle Name _____		Last Name _____		<input type="checkbox"/> Jr. <input type="checkbox"/> Sr.	"Nick Name" _____
Social Security Number _____		Driver's License Number _____		State of License _____		Date of Birth (MM / DD / YYYY) _____	
Present Address (Number and Street) _____			Apt. or Lot Number _____	City _____		State and ZIP Code _____	
Home Phone & Area Code _____		Cell Phone & Area Code _____		<input type="checkbox"/> Own Home Outright <input type="checkbox"/> Buying	<input type="checkbox"/> Living with Relatives <input type="checkbox"/> Renting	<input type="checkbox"/> Own Mobile Home Outright <input type="checkbox"/> Buying Mobile Home	Lived There _____ Years _____ Months
Name and Address of Landlord or Mortgage Holder _____						Landlord / Mortgage Co. Phone & Area Code _____	
Previous Address (include Street, City, State and ZIP Code) _____						Lived There _____ Years _____ Months	
Current Employer and Employer Address _____				Employer Phone & Area Code _____		How Long Employed _____ Years _____ Months	
Position - What type of work do you do? _____				Pay Schedule <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly		Hourly Rate \$ _____	
Previous Employer (include Street, City, State and ZIP Code) _____						How Long Previously Employed _____ Years _____ Months	
INCOME List Sources of Income Primary Income: Monthly Gross \$ _____ Monthly Net \$ _____ Source of Other Income _____ \$ _____ <small>Alimony, child support or separate maintenance need not be revealed if you do not wish to have it considered as a basis repaying this obligation.</small>				EXPENSES How much do you pay each month for the following? MORTGAGE OR RENT \$ _____ LOT RENT \$ _____ PHONE \$ _____ ELECTRIC \$ _____ HEAT (gas/oil/propane) \$ _____ RENT TO OWN \$ _____ CHILD CARE \$ _____ CHILD SUPPORT: <input type="checkbox"/> PAID VOLUNTARILY <input type="checkbox"/> PAYROLL DEDUCTION OTHER _____ \$ _____			

Check here if you are applying for individual credit, but are relying on income from alimony, child support or separate maintenance or on the income or assets of another person as the basis for repayment of the credit.

Creditor Name, City, State	Date opened	Monthly payment	Unpaid Balance	Have you ever had a car repossessed?	<input type="checkbox"/> No <input type="checkbox"/> Yes
1)				Have you ever had a foreclosure?	<input type="checkbox"/> No <input type="checkbox"/> Yes
2)				Have Civil Judgments been filed against you?	<input type="checkbox"/> No <input type="checkbox"/> Yes
3)				Have you ever filed for Bankruptcy?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Name of Bank or Credit Union _____		Checking <input type="checkbox"/>	Savings <input type="checkbox"/>		
		Account Number _____	Account Number _____		

CONSUMER NOTICES: OHIO RESIDENTS; The Ohio laws against discrimination require that all creditors make credit equally available to all creditworthy 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. (Ohio Revised Code, Section 4112.021). **ALL APPLICANTS;** This application for credit sale will be submitted to: Automotive Credit Corporation (doing business in Ohio as Automotive Credit Corporation of Ohio), 26261 Evergreen Rd. Ste.300, Southfield, Michigan 48076.

To obtain the credit requested from Automotive Credit Corporation ("ACC"), I certify that the above information is true and complete to the best of my knowledge and that I have attained the age of majority. I authorize ACC to check my employment status and history and to obtain my credit history from credit reporting agencies. If credit is extended and my installment contract is assigned to ACC, I authorize ACC, and any party servicing or collecting my installment contract on behalf of ACC, to verify my employment status, income and any related information available through my employers and to provide my employers with a copy of this authorization, except to the extent expressly prohibited by applicable law. I expressly consent that ACC and any party servicing or collecting my installment contract on behalf of ACC may use prerecorded voice messages, text messages and an automatic dialing system while servicing or collecting my installment contract as allowed by law. I also agree that ACC and any party servicing or collecting my installment contract on behalf of ACC may use any telephone number I provide including any number provided on this application even if that number is for a cellular telephone which may result in charges to me. I understand that ACC may provide credit reporting agencies and others with information about ACC's credit experience with me, to the extent allowed by law. This authorization remains in effect until the balance on my installment contract is paid in full.

Applicant Signature _____ Date _____



AGREEMENT TO PROVIDE INSURANCE

ATTACH THIS FORM WITH CONTRACT PACKAGE

I understand that Automotive Credit Corporation (doing business in Ohio as Automotive Credit Corporation of Ohio), requires that the vehicle listed below be continuously covered by physical damage insurance providing both maximum \$500 deductible comprehensive and maximum \$500 deductible collision coverage, beginning on the date of my motor vehicle contract. I also understand that I have the option of furnishing the required insurance either through existing insurance policies or any insurance company authorized to transact business in this state. I agree to deliver to Automotive Credit Corporation within 30 days from the date hereof an insurance policy with a loss payable endorsement in favor of Automotive Credit Corporation, P.O. Box 2818, Sioux City, IA 51106 and keep said coverage in force as long as there is an outstanding balance on my account. I authorize Automotive Credit Corporation to make, adjust or settle claims, and to endorse drafts and collect proceeds under my insurance.

I further understand that if for any reason physical damage insurance is not obtained and continuously maintained, Automotive Credit Corporation may, at its option, although it has no obligation to do so, secure insurance for its own protection. I authorize Automotive Credit Corporation to add the premium and related finance charge for such insurance to my contract balance and understand that such insurance DOES NOT PROVIDE ME WITH BODILY INJURY OR PROPERTY DAMAGE LIABILITY INSURANCE COVERAGE, AND DOES NOT COMPLY WITH ANY NO FAULT INSURANCE OR FINANCIAL RESPONSIBILITY LAWS. I UNDERSTAND THAT SUCH INSURANCE, IF OBTAINED BY AUTOMOTIVE CREDIT CORPORATION, MAY COST SUBSTANTIALLY MORE THAN INSURANCE I COULD OBTAIN MYSELF.

YEAR	MAKE	MODEL	VEHICLE IDENTIFICATION NUMBER
Insured Name:			Insurance Agent Name:
Address:			Address:
Telephone:			Telephone:
Insurance Company:			Types of Coverage:
Name:			Comprehensive Deductible
			\$
Policy Number:			Collision Deductible
			\$
Effective Date:			
From:			To:

For questions regarding insurance call 1-800-653-8812.

Buyer Signature

Date

Co-Buyer Signature

Date



REFERENCE STATEMENT

APPLICANT: _____ CO-APPLICANT: _____

DEALERSHIP: _____

- Applicants with Co-Applicants require 3 references each for a total of 6 (2 for each applicant must be family)
- 3 references for each applicant must be family not living in your household.
- Persons living in your household may NOT be used.

PLEASE NOTE THAT THIS INFORMATION MAY BE USED FOR SERVICING AND COLLECTION PURPOSES.

LANDLORD/MORTGAGE HOLDER NAME: _____

ADDRESS: _____ CITY: _____

STATE/ZIP: _____ PHONE: _____

Name: _____
 Address: _____
 City State Zip: _____
 Phone: _____
 Relationship: _____
 Is phone landline or cell? _____

Name: _____
 Address: _____
 City State Zip: _____
 Phone: _____
 Relationship: _____
 Is phone landline or cell? _____

Name: _____
 Address: _____
 City State Zip: _____
 Phone: _____
 Relationship: _____
 Is phone landline or cell? _____

Name: _____
 Address: _____
 City State Zip: _____
 Phone: _____
 Relationship: _____
 Is phone landline or cell? _____

Name: _____
 Address: _____
 City State Zip: _____
 Phone: _____
 Relationship: _____
 Is phone landline or cell? _____

Name: _____
 Address: _____
 City State Zip: _____
 Phone: _____
 Relationship: _____
 Is phone landline or cell? _____

By providing the above names and contact information and signing this document, you give Automotive Credit Corporation ("ACC") express consent to contact the persons identified on this document not only for personal reference purposes in the application process, **but, in the event we are not able to get in contact with you, also for contacting such individuals in connection with ACC's servicing and collection efforts.** Note that ACC may contact the persons in connection with a pre-credit check.

Applicant Signature: _____ Date: _____

Co-Applicant Signature: _____ Date: _____