



DOWN PAYMENT AMOUNT _____

BY-WEEKLY PAYMENT _____

FILL OUT AND EMAIL TO
([SSMOTORSRGV@GMAIL.COM](mailto:ssmotorsrgv@gmail.com))
OR TEXT (956)-404-9882

CUSTOMER AUTO APPLICATION

PERSONAL IDENTIFICATION & CONTACT:

FULL LEGAL NAME _____

DATE OF BIRTH _____

CURRENT ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE NUMBER _____

EMAIL ADDRESS _____

FINANCIAL & EMPLOYMENT:

EMPLOYER NAME _____

OCCUPATION _____ LENGTH OF EMPLOYMENT _____

INCOME (WEEKLY / MONTHLY) _____ **(PROOF OF INCOME REQUIRED)**

PROOF OF RESIDENCE

(UTILITY BILL / LEASE / MORTGAGE STATEMENT) (ATTACH DOCUMENT)