



DOWN PAYMENT AMOUNT \_\_\_\_\_ BY-WEEKLY PAYMENT \_\_\_\_\_

**FILL OUT AND EMAIL TO**  
**(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 )**