Please fax this completed and signed credit application to: (877) 341-APPS (2777)

	Dealer Name TOHO MARINE	- 728400		Dealer State FL	PRIORITY ONE FINANCIAL SERVICES
First Name Mide	dle Initial	Last Name	Date of Birth	Social Security Number	Area Code & Home Phone Number
			/ /	//	
Current Physical Address (Number and Street)	City, State & Zip Code		Drivers License #	Area Code & Cell Phone Number
U.S. Citizen Married	☐ Buying □	Own Free & Clear	Rent or Mortgage Payment	Mortgage Holder/Landlord	Time at Residence
□Yes □Separated	☐ Renting ☐	Living with Parents	s		Years Months
Previous Address (Street, C	City, State and Zip Code)	(Complete if less than three years at present add	tress)		Time at Previous Residence
			1.27	la	Years Months
Name of Personal Reference	e Not Living With You	Address of Personal Reference Not Living Wi	th You	Relationship	Area Code & Home Phone Number
Present Employer Name (I	SelfEmployed Please L	ist Business Name)		City, State	Employer's Area Code & Phone Number
Self-Employed Yes	□No		Buyer's Occupation or Job Ti	itle (if Military, State Rank)	Time At Job or Time Retired
Lf Yes, S Corp C	Corp LLC	Partnership Proprietor			YearsMonths
Gross Monthly Income Am	iount (Before taxes)*	Type of Wages			
		□ W2 □1099 □ Other	ff Other, provide an explanate		
Is there any additional inco source?	me? If so, what is the	If so, what is the Additional Gross Monthly Income Amount*		What Kind of Income? □ W2	□ 1099 □ Cash □ Retirement Pension
				□SS □Other If Other,	provide an explanation
Previous Employer (Comp	lete if less than two years	s at present job or less than two years retired)	Occupation or Job Title		Time At Job or Time Retired
					YearsMonths
First Name Mid	dle Initial	Last Name	Date of Birth	Social Security Number	Area Code & Home Phone Number
Current Physical Address (Number and Street)	City, State & Zip Code		Drivers License #	Area Code & Cell Phone Number
U.S. Citizen Unmarried	☐ Buying ☐	Own Free & Clear	Rent or Mortgage Payment	Mortgage Holder/Landlord	Time at Residence
Yes Separated	☐ Renting ☐	Living with Parents Other	s		Years Months
LINO D		(Complete if less than three years at present add	fress)	Time at Previous Residence	Relationship to Primary Buyer
				Years Months	
Present Employer Name (I	f Self-Employed Please	List Business Name) (If retired v	write RETIRED)	City, State	Employer's Area Code & Phone Number
			Co-Buyer's Occupation or Jo	b Title (if Military, State Rank)	Time At Job or Time Retired
Self-Employed Tyes	□ No				
		Partnership Proprietor			Y cars Months
	C Corp LLC	Partnership Proprietor			YearsMonths
If Yes, S Corp C	C Corp LLC	Type of Wages	If Other, provide an explanat	tion	1 cars Months
If Yes, S Corp (Gross Monthly Income And Is there any additional income	C Corp LLC nount (Before taxes)*	Type of Wages W2 1099 Other	If Other, provide an explanat		Cash Retirement Pension
If Yes, S Corp (Gross Monthly Income An	C Corp LLC nount (Before taxes)*	Type of Wages W2 1099 Other	If Other, provide an explanat	What Kind of Income? □ W2	□ 1099 □ Cash □ Retirement Pension
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If Yes, S Corp C Gross Monthly Income An Is there any additional incosource? Previous Employer (Comp *Alimony. child support or sep. Please answer the follow 1. How much money do ye allowance)? 2. Whom can we call with 3. Where should we contact 4. Email address Federal law requires the creditor to required prior to closing. By subminsurance, You are, however, unde	mount (Before taxes)* more? If so, what is the one? If so, what is the one if less than two year arate maintenance income necling questions to expedit ou anticipate using as a detect you? Home Work obtain, verify and record informatting this application, you are autron obligation that specification.	Type of Wages W2 1099 Other Additional Gross Monthly Income Amount* at present job or less than two years retired) anot be revealed if you do not wish to have it considered to the credit application process: own payment (not including the trade application? Buyer Co-Buyer Cell ation that identifies you when you open an account. The credito horizing Dealer/Priority One to disclose information contained in usest a quote. on purchase insurance through Verlass Insurance.	Occupation or Job Title 5. When do you anticipate d 6. Previously owned boats or 7. If purchasing an RV, do y 8. We communicate importa option to opt out of receiving will use your name, address, and other ind n your application to our insurance division toon. By signing below: You authorize be	What Kind of Income? W2 SS	provide an explanation Time at Job or Time Retired Years Months if several) In 6 months of the year? Yes No Issumers through SMS messaging. You have the cisk this box ical damage insurance on the collateral securing the credit you seek pose of offering to provide you with a premium quote for such inancal institution to obtain any information petulaning to your transcal institution to obtain any information petulaning to your transcal institution to obtain any information petulaning to your transcal institution to obtain any information petulaning to your transcal institution to obtain any information petulaning to your transcal institution to obtain any information petulaning to your transcal institution to obtain any information petulaning to your transcale.
If Yes, S Corp Gross Monthly Income And Is there any additional incosource? Previous Employer (Comp. *Almony. child support or sep. Please answer the follow I. How much money do ye allowance)? 2. Whom can we call with 3. Where should we contact 4. Email address Federal law requires the creditor to required prior to closing. By submi insurance. You are, however, unde payoff from the current finance core payoff from the current finance core.	corp LLC nount (Before taxes)* Define taxes)* Define taxes	Type of Wages W2 1099 Other Additional Gross Monthly Income Amount* s at present job or less than two years retired) d not be revealed if you do not wish to have it considered to the credit application process: own payment (not including the trade application? Buyer Co-Buyer Cell ation that identifies you when you open an account. The credito horizing Dealer/Priority One to disclose information contained in uses a quote. or purchase insurance Gross yearded in this application and on any attachments is strue and contained or purchase insurance Gross of the process of	Occupation or Job Title 5. When do you anticipate d 6. Previously owned boats or 7. If purchasing an RV, do y 8. We communicate import option to opt out of receiving we will use your name, address, and other int in your application to our rusurance division toup. By signing below: You authorize be retered. Dealer Priority One altilitated entities	What Kind of Income? W2 SS Other If Other. Idelivery?	provide an explanation Time at Job or Time Retired Years Months if several) In 6 months of the year? Yes No summers through SMS messaging. You have the class this box ical damage insurance on the collateral securing the credit you seek prose of offering to provide you with a premium quote for such inancial institution to obtain any information pertaining to your tra papplication whether or not it is approved. You authorize the above
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If Yes, S Corp Or Gross Monthly Income An Is there any additional incosource? Previous Employer (Comp **Alimony, child support or sep.* Please answer the follow I. How much money do ye allowance)? 2. Whom can we call with 3. Where should we conta 4. Email address Federal law requires the creditor to required prior to closing. By submi insurance. You are, however, under payoff from the current finance or named Dealer@riority. One affiliate collection of credit. You understan the quality of service, for training agree that we and our assigness manyphication for credit may be subm California Residents: An applican	corp LLC nount (Before taxes)* bone? If so, what is the lete if less than two year arate maintenance income nee- ling questions to expedit ou anticipate using as a d the details of the credit a ct you? Home Work bottain, venfy and record inform titing this application, you are aut re no ably four control in the second of the credit of the details of the credit a ct you? Home Work bottain, venfy and record inform titing this application, you are aut re no ably four discounties and any financial instit of that you must update application unposes or for other reasons. Ye ye ty to contact you in these and unted to various financial institution tt, if married, may apply for a sep	Type of Wages W2	Occupation or Job Title 5. When do you anticipate d 6. Previously owned boats or 7. If purchasing an RV, do y 8. We communicate importa option to opt out of receiving re will use your name, address, and other inf in your application to our insurance division. By signing below: You authorize De orrect. Dealer Priority One altiliated entities t and employment history and to abbain ac to go fithe credit transaction. Communication ing, by email or using prerecorded and/or a even if the telephone number is a cell phone requested in connection with this application	What Kind of Income? W2 W2	provide an explanation Time at Job or Time Retired Years Months An of months of the year? Yes No susumers through SMS messaging. You have the sk this box ical damage insurance on the collateral securing the credit you seek upose of offering to provide you with a premium quote for such inancial institution to obtain any information pertaining to your transplication whether or not it is approved. You authorize the above application or in connection with additional approval. extensions and any financial institution may be recorded or monitored to assurt unionatic telephone dialing systems, as the law allows. You also you, FAIR CREDIT REPORTING ACT DISCLOSURE: This
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If Yes, S Corp Or Gross Monthly Income An Is there any additional incosource? Previous Employer (Comp **Alimony, child support or sept **Please answer the follow I. How much money do you allowance)? 2. Whom can we call with 3. Where should we contart 4. Email address **Federal law requires the creditor to required prior to closing By subminisurance. You are, however, under payoff from the current finance commande DealerPriority One-affiliate collection of credit. You understand the quality of service, for remaining agree that we and our assignees man application for credit may be submit to all credit-worthy customers and the application for credit. You will be informed to all credit-worthy customers and the application for credit. You will be informed to all credit-worthy customers and the application for credit. You will be informed to all credit-worthy customers and the application for credit. You will be informed to all property and the couple of the component o	nount (Before taxes)* mount (Before taxes)* more? If so, what is the one? If so, what is the one? If so, what is the one of the sound of the or of the o	Type of Wages W2 1099 Other Additional Gross Monthly Income Amount* at present job or less than two years retired) anot be revealed if you do not wish to have it considered to the credit application process: own payment (not including the trade application? Buyer Cell ation that identifies you when you open an account. The credito horizing Dealer/Priority One to disclose information contained it usest a quote, or purchase insurance through Vertusa Insurance Gg stated in this application and on any attachments is true and caution to whom your application is submitted to check your credit in formation if your financial condition changes prior to closin agree that we and our assignees may try to contact you in writt other ways at any address or telephone number you provide us, one. The process of the contact of the contact of the contains experient we are of the contains experient we are of the contains experient we receive the contains experient we receive the contains experient to receive the contains experient we receive the contains experient we receive the contains experient the credit in the credit in the contains experient the credit in t	Occupation or Job Title 5. When do you anticipate d 6. Previously owned boats or 7. If purchasing an RV, do y 8. We communicate importa option to opt out of receiving we will use your name, address, and other ind n your application to our insurance division to opt out of receiving we will use your name, address, and other ind n your application to our insurance division to purpose below. You authorize be treed, bealer Priority One attilitated entities and employment history and to obtain a c g of the credit transaction. Communication ing, by email or using prerecorded and/or a even if the telephone number is a cell phone requested in connection with this application insurance is credit, applicant authorizes the obta ty agreement, unilateral statement under Se granting the credit or unless the creditor ha	What Kind of Income? W2	provide an explanation Time at Job or Time Retired Years Months An of months of the year? Yes No Sumers through SMS messaging. You have the sk this box for ficing to provide you with a prentium quote for such inaucal institution to obtain any information petaning to your test application or inconnection with additional approval. extensions of and any financial institution may be recorded or monitored to sasurationarial institution and your secondary of the standard institution and your secondary of the se