

AUTO LOAN FACT SHEET

Fax Numbers: Rochester 802-767-3046, Bethel 802-234-6553, Randolph 802-728-7121

Applicant: _____ WRCU Account #: _____

Co-Applicant: _____

Names on title, if other than Applicant's or Co-Applicant's name(s):

Auto Insurance Company/Agent Name: _____

Auto Insurance Company/Agent Phone #: _____

If you have an invoice from the seller, please provide us with a copy of this invoice and complete only the items below that are not disclosed on that document (for example, often the color and vehicle options are not included on an invoice).

Model Year: _____ Make: _____ Model: _____

Color: _____ VIN: _____ Mileage: _____

Options:

Sales Price (not including tax): \$ _____

Less, Down Payment/Rebate: \$ _____

Less, Trade-in: \$ _____

Plus, Existing Loan Payoff on Trade-In: \$ _____

Total: \$ _____

Dealer/Seller Name: _____

Dealer/Seller Address: _____

If a refinance, payoff to be sent to:

_____ Phone #: _____