

NORTH BAY CREDIT UNION

304 Sutton Place, Santa Rosa, CA 95407 (707) 584-0384 Fax (707)584-3811

Account # _____

In order to process your loan, please send us the following:

Date _____

_____ Current loan application, please complete **BOTH** sides of the form and sign

Proof of Income:

_____ Two (2) current pay stubs and/or a copy of your most recent W-2 for **each** applicant

_____ If **Self Employed**, a copy of the past two (2) years-Federal Tax Returns _____

Other: _____

DMV/Registration Info:

Dealer:

_____ Purchase Order

Private Party:

_____ Copy of **current** registration (If there is a lien holder/loss payee, you must fill out the authorization for payoff)

_____ Registration fees if due (within next 60 days)

_____ Certificate of Title (after sale)

_____ Proof of smog (Seller is responsible, unless a smog certificate has been issued within the last 60 days)

_____ Bill of Sale*, 9.25%** sales tax of purchase price and transfer fee of \$15.00

**Buyer and Seller must sign including the Power of Attorney (DMV Reg262)*

***Tax is dependent on the city where the vehicle is to be registered*

Loan Payoff Info:

_____ Authorization for payoff (Seller must sign)

_____ Name, Address, and Phone # of bank that currently holds the title

_____ Loan # at above institution

_____ Bank Address where payoff is to be mailed

_____ 10-day payoff amount

Insurance Info:

_____ Proof of insurance (**full coverage required** on all vehicles)

_____ Gap Protection--\$243.00 (84 Months \$50,000.00 max. term/amount)

_____ Truth-in-Lending Disclosure/Insurance Agreement – member must sign

_____ Credit Life and/or Disability Insurance is optional – may be added or deleted at any time – member must sign

➤ Single Credit Life - \$.68 per \$1,000.00 based on current loan balance

➤ Joint Credit Life - \$1.16 per \$1,000.00 based on current loan balance

➤ **Both of these coverage's pay upon death of the borrower**

➤ Disability Insurance - \$2.60 per \$1,000.00 based on current loan balance

After the first 30 days of disability, the first payment will be made

Other: _____

Please be sure all items requested on this form are completed and signed. Thank you