

**KLM Car & Truck
Customer Statement**

Date: _____

Name: _____ DOB: _____

Address: _____ City: _____ State: _____ Zip Code: _____

How long at this address? _____ Credit Score: _____

Home Phone: _____ Cell: _____ Work: _____

Rent: _____ Own: _____ Parents: _____ Other: _____ Lease: _____

Landlord: _____ Phone: _____

Employer: _____ Position: _____

How Long? _____ Number of jobs in the last 2 years? _____

Hourly Wage: _____ Monthly Gross: _____

Repossessed? _____ From Whom? _____

Last Vehicle Purchased From: _____

Insurance Company: _____ Policy Number: _____

Insurance Company Phone: _____

By signing I hereby certify every entry in this statement is complete and accurate.
KLM Car & Truck may investigate my credit, including obtaining credit reports,
employment verification and residency status.

SIGNITURE: _____ DATE: _____

In Columbus please fax to: 812-372-7976

In Seymour please fax to: 812-524-3887