If this is an application for joint credit with another person, complete all sections, providing information in the CO-APPLICANT section about the joint applicant. We intend to apply for joint credit. **(PLEASE INITIAL)**

APPLICANT _____ CO-APPLICANT _____

Credit Application

SeaDream, Inc.
Finance & Insurance

SELECT A LOAN TYPE ☐ **PRIVATE PARTY PURCHASE** ☐ **DEALER / BROKER PURCHASE** ☐ **PRE-QUALIFY** ☐ **REFINANCE**

TELL US ABOUT YOURSELF

NAME (FIRST, MI, LAST)		DATE OF BIRTH	SOCIAL SECURITY #	
MARITAL STATUS ☐ MARRIED ☐ UNMARRIED ☐ SEPARATED	DRIVERS LICENSE #	HOUSING ☐ OWN ☐ RENT	MONTHLY HOUSING PAYMENT	
STREET ADDRESS	CITY	STATE	ZIP CODE	PHONE / # OF YEARS
STREET ADDRESS *(To Cover 5 Years)*	CITY	STATE	ZIP CODE	PHONE / # OF YEARS
EMAIL ADDRESS	FAX			CELL / OTHER
NAME OF EMPLOYER	ADDRESS / ZIP CODE			PHONE / # OF YEARS
POSITION	MONTHLY SALARY			HAVE YOU EVER FILED FOR BANKRUPTCY ? ☐ NO ☐ YES DATE:
PREVIOUS EMPLOYER *(To Cover 5 Years)*	ADDRESS / ZIP CODE			PHONE / # OF YEARS
OTHER INCOME *(DESCRIPTION: Property Income, Retirement, Child Support, Alimony, Other)*				AMOUNT

TELL US ABOUT CO-APPLICANT

NAME (FIRST, MI, LAST)		DATE OF BIRTH	SOCIALSECURITY #	
MARITAL STATUS ☐ MARRIED ☐ UNMARRIED ☐ SEPARATED	DRIVERS LICENSE #	HOUSING ☐ OWN ☐ RENT	MONTHLY HOUSING PAYMENT	
STREET ADDRESS	CITY	STATE	ZIP CODE	PHONE / # OF YEARS
STREET ADDRESS *(To Cover 5 Years)*	CITY	STATE	ZIP CODE	PHONE / # OF YEARS
EMAIL ADDRESS	FAX			CELL / OTHER
NAME OF EMPLOYER	ADDRESS / ZIP CODE			PHONE / # OF YEARS
POSITION	MONTHLY SALARY			HAVE YOU EVER FILED FOR BANKRUPTCY ? ☐ NO ☐ YES DATE:
PREVIOUS EMPLOYER *(To Cover 5 Years)*	ADDRESS / ZIP CODE			PHONE / # OF YEARS
OTHER INCOME *(DESCRIPTION: Property Income, Retirement, Child Support, Alimony, Other)*				AMOUNT

PERSONAL REFERENCE

NAME (FIRST, MI, LAST)	PHONE

TELL US ABOUT YOUR BOAT

BOAT TYPE ☐ NEW ☐ USED	YEAR	MAKE	MODEL		
ENGINE MANUFACTURER	ENGINE TYPE ☐ SINGLE ☐ TWIN	FUEL TYPE ☐ GAS ☐ DIESEL	ENGINE HORSEPOWER	BOAT LENGTH	HOURS
TRAILER TYPE ☐ NEW ☐ USED	YEAR	MAKE	MODEL		
DEALER / BROKER NAME *(If Applicable)*	SALES REPRESENTATIVE	PHONE	FAX		

FINANCING WORKSHEET

TOTAL SELLING PRICE ON BOAT *(exclude sales tax)* **$** _____

DOWN PAYMENT
- CASH DOWN PAYMENT $ _____
- TRADE-IN ALLOWANCE $ _____
- TRADE IN PAYOFF $ _____
- NET TRADE IN $ _____

TOTAL DOWN PAYMENT $ _____

LOAN REQUEST (APPROXIMATE) **$** _____

Evidence of physical damage insurance on the collateral securing the loan you seek is required prior to closing. By submitting this application, you are authorizing us, to disclose information contained in your application to an insurance carrier solely for the purpose of providing you with a premium quote for such insurance. You are, however, under no obligation whatsoever to purchase insurance from the insurance carrier providing the quote. If you do not want us to disclose personal information from your application to an insurance carrier in order to provide you with a quote, place your initials in the box to the side of this sentence. ☐

All applicants and co-applicants: In submitting this application, you warrant and represent that the information that you are furnishing is truthful, accurate, and supplied voluntarily. You authorize us to check your credit and employment histories and bank and personal references, to obtain consumer reports from consumer spending agencies in considering this application and subsequently in connection with any update, renewal, extension of credit, review or collection of your account, to report to others your credit experience with us, to answer questions about your credit experience with us, and to keep this application whether or not it is approved. You agree to notify the creditor of any material change.

_____ _____
APPLICANT SIGNATURE ***DATE*** ***CO-APPLICANT SIGNATURE*** ***DATE***

SEADREAM CONTACT INFORMATION
Please fax completed credit application to **(866) 460-0180**
If you would like to speak with us directly, please call **(866) 460-0170**

MAILING ADDRESS
1599 Superior Ave. Suite A4
Costa Mesa, CA 92627

06/01/07