

**BOAT INFORMATION**

|  |                                    |   |
|--|------------------------------------|---|
| NAME AND ADDRESS OF DEALER, BROKER OR SELLER<br><br>Phone # _____ Sales Person _____ | <input type="checkbox"/> REFINANCE | PURCHASE PRICE (with tax) \$ _____<br>CASH DEPOSIT \$ _____<br>TRADE-IN ALLOWANCE \$ _____<br>LESS AMOUNT OWING ( _____ )<br>NET TRADE-IN VALUE \$ _____<br>LESS TOTAL DOWN PAYMENT ( _____ )<br>LOAN REQUEST \$ _____<br>RATE REQUESTED _____ TERM REQUESTED _____ |
|--|------------------------------------|---|

**BOAT WILL BE USED FOR:**  PLEASURE PURPOSES  PRIMARY RESIDENCE  CHARTER  OTHER (EXPLAIN): \_\_\_\_\_

**REFERRAL SOURCE:**  REPEAT CUSTOMER  DEALER, BROKER, SELLER  BOAT SHOW: List \_\_\_\_\_  ADVERTISEMENT: List \_\_\_\_\_  OTHER: List \_\_\_\_\_

|   |            |              |                                |                               |       |        |   |               |   |  |            |
|---|------------|--------------|--------------------------------|-------------------------------|-------|--------|---|---------------|---|--|------------|
| <input type="checkbox"/> New<br><input type="checkbox"/> Used | YEAR BUILT | MANUFACTURER | <input type="checkbox"/> POWER | <input type="checkbox"/> SAIL | MODEL | LENGTH | <input type="checkbox"/> F/Glass<br><input type="checkbox"/> Wood<br><input type="checkbox"/> Metal | ENGINE MANUF. | <input type="checkbox"/> GAS<br><input type="checkbox"/> DIESEL | <input type="checkbox"/> SINGLE<br><input type="checkbox"/> TWIN | HORSEPOWER |
|---|------------|--------------|--------------------------------|-------------------------------|-------|--------|---|---------------|---|--|------------|

WHERE WILL YOUR NEW VESSEL BE KEPT? (CITY, STATE) \_\_\_\_\_ ARE YOU A PRIOR BOAT OWNER? (IF "YES", DESCRIBE LARGEST VESSEL OWNED BELOW)  
 SUMMER: \_\_\_\_\_ WINTER: \_\_\_\_\_  Yes  No

**TRADE-IN INFORMATION**

|                        |            |              |                                |                               |       |        |   |               |   |  |            |
|------------------------|------------|--------------|--------------------------------|-------------------------------|-------|--------|---|---------------|---|--|------------|
| Complete If Applicable | YEAR BUILT | MANUFACTURER | <input type="checkbox"/> POWER | <input type="checkbox"/> SAIL | MODEL | LENGTH | <input type="checkbox"/> F/Glass<br><input type="checkbox"/> Wood<br><input type="checkbox"/> Metal | ENGINE MANUF. | <input type="checkbox"/> GAS<br><input type="checkbox"/> DIESEL | <input type="checkbox"/> SINGLE<br><input type="checkbox"/> TWIN | HORSEPOWER |
|------------------------|------------|--------------|--------------------------------|-------------------------------|-------|--------|---|---------------|---|--|------------|

**PERSONAL FINANCIAL STATEMENT** Non-spousal applicants require separate Personal Financial Statements AS OF \_\_\_\_\_ 20\_\_

I / WE make the following statement of all my / our assets and liabilities at the close of business on the date indicated above.

| ASSETS                                 | LIABILITIES and NET WORTH                       |
|--|---|
| Cash in Bank \$ _____                  | Notes Payable \$ _____                          |
| Deposit on Boat (Purchases Only)       |   |
| Marketable Securities (Enclose List)   |   |
| Retirement Plan, 401(K), etc.          |   |
| Cash Surrender Value - Life Insurance  |   |
| Notes Receivable (Enclose List)        |   |
| Value of Business Owned                |   |
| Real Estate (By Location)              | Real Estate Mortgage Payable                    |
| (1)                                    | (1)   |
| (2)                                    | (2)   |
| Automobile(s)                          | Auto Loan(s)                                    |
| Boat(s)                                | Existing Boat Loan                              |
| Other Assets (Itemize)                 | Other Liabilities (Itemize)                     |
|  |   |
| <b>TOTAL ASSETS</b> \$ _____           | <b>TOTAL LIABILITIES</b> \$ _____               |
| <b>LESS TOTAL LIABILITIES</b> \$ _____ | X _____ X                                       |
| <b>NET WORTH</b> \$ _____              | Signature of Applicant _____ Co-Applicant _____ |

*To expedite your loan decision, please enclose year-to-date pay stub, 2 years most recent filed 1040 tax returns and 2 years business tax returns or financial statements (if self-employed).*

**OAK HILL**  
FINANCIAL  
LLC

*Boat Financing in Your Best Interest*

Let  
**OAK HILL**  
FINANCIAL  
finance your  
next boat purchase  
or  
refinance your  
existing boat loan.

679 Deerwander Road  
Hollis, ME 04042  
207-929-8100  
Fax 207-929-8080

**WE OFFER:**

- FIXED RATES
- EASY MONTHLY PAYMENTS
- NO PREPAYMENT PENALTY
- NO POINTS
- NO APPLICATION FEE

**JUST CALL**  
**1-800-890-8122**

E-mail: [info@boatmoney.com](mailto:info@boatmoney.com)



# Boat Loan Application

Individual  Joint  Corporate with Personal Guaranty

## APPLICANT

U.S. Citizen  
Yes  No

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_  
 Social Security Number \_\_\_\_\_ D.O.B. \_\_\_\_\_ Home Telephone \_\_\_\_\_

Street \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Years/Months There \_\_\_\_\_

Present Employment \_\_\_\_\_ Address \_\_\_\_\_

Position \_\_\_\_\_ Yrs./Mos. Employed There \_\_\_\_\_ Business Telephone \_\_\_\_\_

\$ \_\_\_\_\_ ( ) \_\_\_\_\_  
 Gross Monthly Income \_\_\_\_\_ Business Fax \_\_\_\_\_

Previous Employer \_\_\_\_\_ Years/Months Employed There \_\_\_\_\_

\$ \_\_\_\_\_  
 Other Income\*: \_\_\_\_\_ Source \_\_\_\_\_

\$ \_\_\_\_\_  
 Other Income\*: \_\_\_\_\_ Source \_\_\_\_\_

\*Alimony, child support, or separate maintenance income need not be revealed if you do not wish it to be considered as a basis for repaying this obligation.

Name, address and telephone of nearest relative that does not live with you. \_\_\_\_\_

\$ \_\_\_\_\_  
 Alimony, child support, or separate maintenance payments received. \_\_\_\_\_

### Please tell us about your residences

PRIMARY RESIDENCE:

Mortgage Holder or Landlord \_\_\_\_\_ Date Purchased \_\_\_\_\_

\$ \_\_\_\_\_ \$ \_\_\_\_\_  
 Rent/Monthly Mortgage Payment (Prin., Int., Tax & Ins.) Mortgage Balance

\$ \_\_\_\_\_ \$ \_\_\_\_\_  
 Existing Second Lienholder Balance Payment

SECOND RESIDENCE:

Mortgage Holder or Landlord \_\_\_\_\_ Date Purchased \_\_\_\_\_

\$ \_\_\_\_\_ \$ \_\_\_\_\_  
 Rent/Monthly Mortgage Payment (Prin., Int., Tax & Ins.) Mortgage Balance

### Credit Information

| Describe Collateral | Creditor Name | Balance | Monthly Payment |
|---------------------|---------------|---------|-----------------|
| Auto:               |               | \$      | \$              |
|                     |               | \$      | \$              |
|                     |               | \$      | \$              |
|                     |               | \$      | \$              |
|                     |               | \$      | \$              |
|                     |               | \$      | \$              |

### Please read and sign

"I", "me" or "my" means each applicant who signs below. "You" or "your" means OAK HILL FINANCIAL, LLC.

I (we) represent, warrant and affirm that all of the statements made by me (us) in this application are true and correct and have been made by me (us) in order to induce you to grant credit to me (us) and with knowledge that you will rely thereon, without limiting the foregoing. I (we) represent and warrant that I (we) have no outstanding obligations to any Bank, Loan Company, Corporation or Individual except as shown in this application and that no lawsuits or judgements are pending or entered against me (us), I (we) authorize you to exchange credit information with others in connection with this application. I (we) agree that this application shall be and remain your property whether or not this application is approved.

**NOTICE:** Consumer credit reports may be requested from one or more consumer reporting agencies (credit bureaus) in connection with this application. If I(we) request, I(we) will be informed whether any consumer credit report was requested and, if so, of the name and address of the consumer reporting agency which furnished the report. IMPORTANT INFORMATION ABOUT OPENING YOUR NEW ACCOUNT. TO HELP FIGHT THE FUNDING OF TERRORISM AND MONEY LAUNDERING ACTIVITIES, FEDERAL LAW REQUIRES ALL FINANCIAL INSTITUTIONS TO OBTAIN, VERIFY AND RECORD INFORMATION THAT IDENTIFIES EACH PERSON WHO OPENS AN ACCOUNT.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

## CO-APPLICANT

U.S. Citizen  
Yes  No

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_  
 Social Security Number \_\_\_\_\_ D.O.B. \_\_\_\_\_ Home Telephone \_\_\_\_\_

Street \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Years/Months There \_\_\_\_\_

Present Employment \_\_\_\_\_ Address \_\_\_\_\_

Position \_\_\_\_\_ Yrs./Mos. Employed There \_\_\_\_\_ Business Telephone \_\_\_\_\_

\$ \_\_\_\_\_ ( ) \_\_\_\_\_  
 Gross Monthly Income \_\_\_\_\_ Business Fax \_\_\_\_\_

Previous Employer \_\_\_\_\_ Years/Months Employed There \_\_\_\_\_

\$ \_\_\_\_\_  
 Other Income\*: \_\_\_\_\_ Source \_\_\_\_\_

\$ \_\_\_\_\_  
 Other Income\*: \_\_\_\_\_ Source \_\_\_\_\_

\*Alimony, child support, or separate maintenance income need not be revealed if you do not wish it to be considered as a basis for repaying this obligation.

Name, address and telephone of nearest relative that does not live with you. \_\_\_\_\_

\$ \_\_\_\_\_  
 Alimony, child support, or separate maintenance payments received. \_\_\_\_\_

### Please tell us about your finances

Checking Account \_\_\_\_\_ Institution \_\_\_\_\_ Balance \$ \_\_\_\_\_

Savings Account \_\_\_\_\_ Institution \_\_\_\_\_ Balance \$ \_\_\_\_\_

Other Account \_\_\_\_\_ Institution \_\_\_\_\_ Balance \$ \_\_\_\_\_

Other Account \_\_\_\_\_ Institution \_\_\_\_\_ Balance \$ \_\_\_\_\_

Other Account \_\_\_\_\_ Institution \_\_\_\_\_ Balance \$ \_\_\_\_\_

Co-Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_