

APPLICATION FAX COVER SHEET

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LOAN AMT: \$ _____ **TERM:** _____ **MONTHS**

SECURED **UNSECURED** **30 DAY PYMT.** **90 DAY DEFERRED**

APPLICANT NAME(S) _____

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FAX THIS COVER SHEET, CREDIT APPLICATION, SALES CONTRACT AND ALL APPLICATION DOCUMENTS TO (646) 390-1191