

**NEW WAVE CAR CO. LLC**  
2626 MAPLE AVE  
ZANESVILLE , OH 43701  
PH: 740-297-7405 EMAIL: [NEWWAVECARCO@GMAIL.COM](mailto:NEWWAVECARCO@GMAIL.COM)

## **VEHICLE PURCHASE REQUIREMENTS**

**COMPLETED APPLICATION WITH 10 REFERENCES**

**3 MOST CURRENT PAY STUBS**

**1 CURRENT UTILITY BILL**

**VALID OHIO DRIVERS LICENSE**

**MUST BE 21 OR OLDER**

**FULL COVERAGE INSURANCE MUST BE ON VEHICLE WITH  
US LISTED AS LIENHOLDER BEFORE VEHICLE CAN LEAVE  
THE LOT WITH  
\$500. COMP/COLL DEDUCTIBLES**

**NEW WAVE CAR COMPANY LLC MUST BE LISTED AS FOLLOWS ON  
YOUR INSURANCE**

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**FULL COVERAGE INSURANCE MUST BE KEPT ON THE  
VEHICLE AT ALL TIMES!**

**FAILURE TO DO SO CAN RESULT IN REPOSSESSION!**

## Application

Name \_\_\_\_\_ Spouse Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Cell/Home # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ How long at address Y \_\_\_\_ M \_\_\_\_

License # \_\_\_\_\_ License Exp. Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Email \_\_\_\_\_

Current Employer \_\_\_\_\_ Occupation/Title \_\_\_\_\_ How long have you worked there? \_\_\_\_\_

Supervisors Name/ Ph # \_\_\_\_\_ Ph \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Pay schedule \_\_\_\_\_ Avg HrWorked \_\_\_\_\_

Monthly Income \_\_\_\_\_

2<sup>nd</sup> Source of Income (Second job, SSI, Child support) \_\_\_\_\_ Monthly Income \_\_\_\_\_ How long \_\_\_\_\_

Previous Employment \_\_\_\_\_ Monthly Income \_\_\_\_\_ How long did you work there? \_\_\_\_\_

Previous Employment \_\_\_\_\_ Monthly Income \_\_\_\_\_ How long did you work there? \_\_\_\_\_

( ) Rent ( ) Own ( ) Living with other? Landlord/Mortgage Holder \_\_\_\_\_

Payment due date/amount \_\_\_\_\_ \$ \_\_\_\_\_ Landlord/Mortgage Holder's Phone Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Are you in the military? Y / N Do you currently have another vehicle on payments Y / N

If Yes, where \_\_\_\_\_ Payment amount \$ \_\_\_\_\_ Payment due date \_\_\_\_\_

Have you ever had a repossession? Y / N If yes when \_\_\_\_ / \_\_\_\_ Reason \_\_\_\_\_

Have you declared Bankruptcy in the last 14 years? Y / N If yes dates \_\_\_\_\_

Do you have any lawsuits pending against you? Y / N If Yes explain \_\_\_\_\_

Currently pursuing any lawsuits Y / N If Yes explain \_\_\_\_\_

Bank Name \_\_\_\_\_ Branch Address \_\_\_\_\_ Checking Acct. # \_\_\_\_\_

Auto Ins. Provider Name / phone \_\_\_\_\_ / \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Auto Policy # \_\_\_\_\_

## References

1-Name	Relationship	Home/Cell
Address		Years Known
2-Name	Relationship	Home/Cell
Address		Years Known
3-Name	Relationship	Home/Cell
Address		Years Known
4-Name	Relationship	Home/Cell
Address		Years Known
5-Name	Relationship	Home/Cell
Address		Years Known
6-Name	Relationship	Home/Cell
Address		Years Known
7-Name	Relationship	Home/Cell
Address		Years Known
8-Name	Relationship	Home/Cell
Address		Years Known
9-Name	Relationship	Home/Cell
Address		Years Known
10-Name	Relationship	Home/Cell
Address		Years Known