

Flowers Foods Employees Credit League
P.O. Box 3137
Thomasville, Georgia 31799
Phone 229-228-6860/800-659-6877
Facsimile 229-228-9233

AUTOMOBILE LOAN REQUEST INFORMATION

If buying from a dealer, please fax buyers order/purchase agreement to the Credit League.

If buying from an individual, please complete the following information and fax to the Credit League.

Name: _____ Location: _____ Account No: _____

Vehicle Information:

Make & Model: _____ Year: _____

ID#: _____ Mileage: _____

Transmission: Automatic _____ Standard _____ (check one)

Cylinders: 4 _____ 6 _____ 8 _____ (check one) Air Conditioning: Yes _____ No _____ (check one)

List All Options: _____

Purchase Price \$ _____

Title Information:

Name of owner/seller: _____ Phone # _____

Does owner/seller have clear title in possession? Yes _____ No _____ (check one)

If yes, please submit a copy with this application; if no, please complete the following:

Lienholder: _____

Address: _____

Phone # _____ Account No: _____

Estimated payoff \$ _____

Insurance Information:

Members will be required to insure against loss and/or damage any collateral securing a loan with a balance greater than \$2,000.00. Acceptable Insurance will name Flowers Foods Employees Credit League as lienholder or loss payee, provide Comprehensive and Collision coverage for the life of the loan, and include deductibles of \$500.00 or less.

Where will collateral be insured? Company: _____

Agent: _____

Address: _____

Phone No: _____