PRINT THIS PAGE, COMPLETE IT (PRINT PLEASE) AND FAX IT TO 609-587-9676 ATTENTION: KEISHA OR MAIL IT TO THE ADDRESS LISTED BELOW WITH THE DOCUMENTS REQUESTED.

OFFICE OF THE STANDING CHAPTER 13 TRUSTEE

ALBERT RUSSO

Howard Schmidt Erik D. Collazo Counsel

2. Warranty:

YES

NO Type:_____

Standing Chapter 13 Trustee 1 AAA Drive • Suite 101 Robbinsville, New Jersey 08691

Mailing Address: CN 4853 Trenton, NJ 08650

APPLICATION FOR VEHICLE FINANCING DURING CHAPTER 13 PLAN

Payments Only: PO Box 933 Memphis, TN 38101-0933

PLEASE ATTACH A COPY OF THE SALE CONTRACT AND LOAN AGREEMENT ALONG WITH THE NAME,
ADDRESS, TELEPHONE AND FAX NUMBERS OF THE DEALER OR LENDER.

1. Vehicle Type: ______ Year _____ Mileage ______

3. Purchase Price:				
4. Monthly Payment:				
5. Terms of Financing:	_ Months			
6. Interest Rate:%				
7. Total Amount to be Borrowed?				
8. Total Finance Charges?				
9. Credit, Life or Disability Insurance	? YES NO Type:			
10. Is a vehicle presently being paid C	OUTSIDE of the Chapter 13 Plan?	YES	NO	
Type of Vehicle and Amount:				
11. Is a vehicle presently being paid T	THROUGH the Chapter 13 Plan?	YES	NO	
Type of Vehicle and Amount:				
The undersigned hereby applies for permission vehicle described above which is necessary for accurate. I understand that I am under no obliguanderstand that the approval of this transaction vehicle being purchased and the credit terms p	r his/her performance under the confirm ation to purchase a vehicle on credit; ho by the Standing Chapter 13 Trustee is a	ed plan. I co wever, I an neither a rec	ertify that n unable t	the information provided is true and o obtain a vehicle otherwise. Further, I
I authorize the Standing Chapter 13 Truto the dealer / lender.	istee to provide written information	on in regar	ds to th	is application and my Chapter 13 Case
Dated:	Debtor Signature:			
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