

**ALL INFORMATION BELOW IS REQUIRED – PLEASE COMPLETE ALL FIELDS**

APPLICANT INFORMATION	Applicant	Co-Applicant
<b>Name</b>		
<b>Account Number</b>		
<b>Phone Number</b>		
<b>Future Physical Address</b> <i>Street, City, State, Zip</i>		
<b>Future Mailing Address</b> <i>Street, City, State, Zip</i>		
<b>Future Employer Name</b>		
<b>Employer Address</b> <i>Street, City, State, Zip</i>		
<b>Employer Phone Number</b>		

SHIPMENT INFORMATION		
<b>Shipment Reason:</b>	<b>Date of Proposed Shipment:</b>	
<b>Shipping Company:</b>	<b>Destination:</b>	
<b>Insurance Carrier:</b>	<b>Policy Number:</b>	<b>Expiration Date:</b>

REFERENCES	Personal Reference #1	Personal Reference #2	Personal Reference #3
<b>Name</b>			
<b>Address</b> <i>Street, City, State, Zip</i>			
<b>Relationship</b>			
<b>Phone Number</b>			

ADDITIONAL REQUIREMENTS – All information listed below is required when requesting to ship your vehicle
<input type="checkbox"/> <u>Non-Military</u> applicants must provide a letter from future employer verifying position and salary. <input type="checkbox"/> <u>Military</u> applicants must provide a copy of most recent L.E.S. and copy of orders showing new command. <input type="checkbox"/> Copy of insurance declaration page (your insurance carrier can provide).

AGREEMENT & ACKNOWLEDGEMENT – PLEASE READ CAREFULLY
By signing below, you certify that all of the information you furnished in this Request form is true and correct to the best of your knowledge. You are authorized to check my credit and employment history and to answer questions about your credit experience with me.
<b>Applicant Signature:</b> _____ <b>Date:</b> _____
<b>Co-Applicant Signature:</b> _____ <b>Date:</b> _____

**Fax Completed Request to CPB Dealer Center at (808) 532-5028**

**Review Process is 3-5 Business Days – You will be notified of the decision by the Dealer Center**

BANK USE ONLY	
Loan Date: _____	Original Amount: \$ _____
Current Balance: \$ _____	Book Value: \$ _____
Last Paid: _____	Next Due: _____
Times Delinquent: <30: ___ 30: ___ 60: ___ 90: ___ VSI?	
<b>Decision:</b> <input type="checkbox"/> Approved <input type="checkbox"/> Denied <b>By:</b> _____ <b>Date:</b> _____	
Comments / Special Instructions:	Reason for Declination: