

CUSTOMER REFERENCE SHEET



EACH APPLICANT MUST PROVIDE FIVE (5) REFERENCES, WITH A MINIMUM OF TWO (2) RELATIVES. JOINT SPOUSAL APPLICANTS REQUIRE A TOTAL OF FIVE (5). NO TWO REFERENCES MAY HAVE THE SAME ADDRESS.

NAME: _____
ADDRESS: _____
CITY/STATE/ZIP: _____
PHONE NUMBER: _____
RELATIONSHIP: _____

NAME: _____
ADDRESS: _____
CITY/STATE/ZIP: _____
PHONE NUMBER: _____
RELATIONSHIP: _____

NAME: _____
ADDRESS: _____
CITY/STATE/ZIP: _____
PHONE NUMBER: _____
RELATIONSHIP: _____

LANDLORD/RENTAL COMPANY:

PHONE NUMBER: _____

*****Applicant must provide information if living with a Family Member or if using Landlord Verification for Proof of Residence.**

NAME: _____
ADDRESS: _____
CITY/STATE/ZIP: _____
PHONE NUMBER: _____
RELATIONSHIP: _____

NAME: _____
ADDRESS: _____
CITY/STATE/ZIP: _____
PHONE NUMBER: _____
RELATIONSHIP: _____

I hereby grant Coastal Credit, LLC consent to contact the references that I have provided in regards to the Auto Loan being obtained through Coastal Credit, LLC and the servicing of that loan through Coastal Credit, LLC.

Customer Signature & Date

Customer Name (Printed)

WELCOME CALL

Customer is encouraged to call Coastal Credit, LLC at 844-871-4473 between 8:00 AM and 5:00 PM (Eastern), Monday through Friday, to complete the Welcome Call. Customer may provide best contact times for Coastal to call customer.

BEST CONTACT PHONE NUMBER (PRIMARY): _____

BEST CONTACT TIME #1: _____

BEST CONTACT PHONE NUMBER (CO-APPLICANT): _____

BEST CONTACT TIME #2: _____

BEST CONTACT TIME #3: _____