

# Thrift Investment Corporation

720 King Georges Post Road, Fords, NJ 08863-0538  
P.O. Box 538 Fords, NJ 08863  
732-738-9100 Fax 732-738-1905

## **DEALER CHECKLIST FOR DISCOUNTING**

**Section I- Requirements Prior to Discounting for:** \_\_\_\_\_  
(Customer Name)

- 1. Credit application completed and signed by maker.
- 2. Credit application completed and signed by co-maker(s).
- 3. Purchase/Retail Sales Order disclosing the sale signed by customer and dealer.
- 4. Copy of makers and co-makers valid Driver's License for state of residence.
- 5. Copies of recent pay stubs for maker.
- 6. Copies of recent pay stubs for co-maker(s).
- 7. Copies of W-2(s) for maker.
- 8. Copies of W-2(s) for co-maker(s).
- 9. Proof of makers residence.
- 10. Insurance verified by dealer prior to releasing the car.
- 11. Insurance information called into Thrift and verified prior to bringing contract in for discount.
- 12. Other documentation requested \_\_\_\_\_

**Section II- Completing Contract for Discount:**

- 1. Contract completed with no blank spaces.
- 2. Driver's License name(s) match contract exactly.
- 2. Doc fees broken down in itemization on the contract, including doc fee tax (if applicable).
- 3. Motor Vehicle fees shown on contract where indicated and lien fee shown separately.
- 4. Trade in description.
- 5. Contract signed by maker, co-maker(s), and dealer.
- 6. Purchase order agrees with everything on contract.
- 7. Copy of title - spelling must agree exactly with contract and signature.
- 8. White and Goldenrod copy of contract properly executed by dealer.
- 9. All necessary documentation requested must accompany contract.

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## **PERSONAL REFERENCE SHEET**

**ALL REFERENCES MUST BE VERIFIABLE**

**PLEASE INCLUDE FULL NAME, PHONE NUMBER, AND ADDRESS**

Customer Name: \_\_\_\_\_ Customer Signature: \_\_\_\_\_

Please take notice that we request the below listed personal references, whom Thrift Investment Corporation (“Thrift”) may contact by telephone, text message (which may occur at the text recipient’s expense), email, written letter or in person, in order to (1) verify, if necessary, information that you provide herein and (2) reasonably facilitate our future contact with you during the term of the Retail Installment Sales Contract, if necessary, in the event that we are unable to contact you through the personal information that you have provided in connection with this application or the related Retail Installment Sales Contract. Your provision of these personal references serves as your confirmation that you and all your below stated personal references agree that Thrift may contact you and/or any of the personal references through phone, text message, email, written letter or in person. You agree that you shall not provide any personal references who have not actually and explicitly agreed (1) to be your personal reference and (2) to the terms of this paragraph. You also understand and acknowledge that Thrift may search for and use any information provided publicly through all social media for the purpose of assisting Thrift in locating you, the vehicle purchased under the Retail Installment Contract or any of the below stated personal references.

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

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## INSURANCE VERIFICATION FORM

\* This form must be completed, signed by the customer, and submitted with every contract purchased by Thrift Investment Corporation. \*

NAME OF PURCHASER: \_\_\_\_\_

(Must match name(s) on Certificate of Title)

YEAR, MAKE AND MODEL OF AUTO PURCHASED: \_\_\_\_\_

INSURANCE COMPANY: \_\_\_\_\_

POLICY OR BINDER NUMBER: \_\_\_\_\_

NAME OF AGENT: \_\_\_\_\_

AGENT PHONE NUMBER: \_\_\_\_\_

DEDUCTIBLE COMPREHENSIVE: \_\_\_\_\_

DEDUCTIBLE COLLISION: \_\_\_\_\_

DATE VEHICLE ADDED TO POLICY: \_\_\_\_\_

DATE EXISTING POLICY EXPIRES: \_\_\_\_\_

(If applicable)

IS A PHOTO INSPECTION REQUIRED BY THE INSURANCE COMPANY?      Yes      No

IS THRIFT INVESTMENT CORP., at either P.O. BOX 538 or      Yes      No

720 KING GEORGES POST RD, FORDS, NJ 08863 listed as LOSS PAYEE for the financed vehicle?

VERIFIED BY: \_\_\_\_\_

(Dealer)

SPOKE WITH: \_\_\_\_\_

(Agent)

I, \_\_\_\_\_, understand that I am obligated to carry

(Name of customer)

comprehensive and collision insurance coverage, at deductibles no higher than \$ 750.00 for each coverage, on my financed vehicle for the entire term of my loan with **THRIFT INVESTMENT CORP.**

Within 60 days of purchase of my vehicle, I will deliver to **THRIFT INVESTMENT CORP.** an endorsed auto policy, showing my financed vehicle, full coverage insurance, and **THRIFT INVESTMENT CORP.** listed as LOSS PAYEE.

\_\_\_\_\_  
(Customer Signature)

Follow up: \_\_\_\_\_

\_\_\_\_\_