

**LibertyOne Credit Union**  
**Auto Refinance Form**  
Please Fax to 214-752-2499

If you are refinancing your automobile from another institution, please complete the following and fax it to us to expedite your loan application.

Name(s): \_\_\_\_\_ Account #: \_\_\_\_\_

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Color: \_\_\_\_\_ Style: \_\_\_\_\_ 2 dr. 4 dr.

Serial No: \_\_\_\_\_ Miles: \_\_\_\_\_

Equipment:

- |   |   |
|---|---|
| <input type="checkbox"/> Automatic                | <input type="checkbox"/> Navigation     |
| <input type="checkbox"/> Aluminum or Alloy Wheels | <input type="checkbox"/> Luggage Rack   |
| <input type="checkbox"/> Power Windows            | <input type="checkbox"/> Towing Package |
| <input type="checkbox"/> Power Seats              | <input type="checkbox"/> Running Boards |
| <input type="checkbox"/> Power Locks              | <input type="checkbox"/> Leather Seats  |
| <input type="checkbox"/> Sunroof                  | <input type="checkbox"/> Cruise         |
| <input type="checkbox"/> 4 Wheel drive            | <input type="checkbox"/> Theft Recovery |
| <input type="checkbox"/> Other _____              |   |

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Is this vehicle a lease?  Yes  No

Where Financed: \_\_\_\_\_

Payoff Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

How name (s) appear on title: \_\_\_\_\_

Account No: \_\_\_\_\_ Phone: \_\_\_\_\_

10-day payoff \$ \_\_\_\_\_ Payoff good through: \_\_\_\_\_

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Insurance Co. \_\_\_\_\_ Phone: \_\_\_\_\_

Policy No: \_\_\_\_\_

Agent's Name: \_\_\_\_\_