

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: _____