

## WORKSHEET

**For information only –** this is not an application to refinance. To apply please call 800-268-6928 or visit www.dominionenergycu.org.

**This is not a binding contract.** Dominion Energy Credit Union retains the right to refuse the disbursement of funds. The Credit Union reserves the right to inspect any vehicle financed through the Credit Union before the disbursement of funds.

Name:		Date:		
VEHICLE: Please give us	the details needed for t	he valuation of the vehicle.		
Year:	Make:	Mile	Mileage:	
VIN:				
Model / Body Style:		(i.e., XL, L, SE, Lariat)	4-Wheel Drive:	Y / N
Truck Cab Type:	b Type: (i.e., crew, super crew, extended)			
Optional Equipment (i.e.,	driver assist package, to	ow hitch, heated/cooled seats	, power seats):	
CURRENT LOAN:				
Lender Name:		Account #:		
Please request a 10-day	payoff letter from the c	urrent lender to include per di	em interest and payof	faddress
TITLE INFORMATION:				
Registered Owner(s) as L	isted on the Vehicle Re	gistration:		
State Vehicle Is Titled in:				
Any change to the title yo	ou're requesting? Note t	hat the primary member must	t be on the title.	