

CREDIT APPLICATION

IMPORTANT: READ THESE DIRECTIONS BEFORE COMPLETING THIS APPLICATION.

(Purchase/Lease)

Check
Appropriate
Box

- If you are applying for individual credit in your own name and are relying on your own income or assets and not the income or assets of another person as the basis of repayment on the credit requested, complete Sections A and C.
- If you are married and live in a community property state, complete all Sections including Section B providing information about your spouse.
- If this is an application for joint credit with another person, complete all Sections providing information in Section B about the co-applicant

NOTE: APPLICANT, IF MARRIED, MAY APPLY FOR A SEPARATE ACCOUNT.

SELLER	STOCK NO.	V.I.N.	DATE	AMOUNT REQUESTED \$
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SECTION A. Information Regarding Applicant:

LAST NAME (PRINT)	FIRST	INITIAL	BIRTHDATE	DRIVER'S LICENSE NO.	SOCIAL SECURITY NO.	AGES OF DEPENDENTS	<input type="checkbox"/> MARRIED <input type="checkbox"/> UNMARRIED <input type="checkbox"/> SEPARATED		
ADDRESS			CITY	STATE	ZIP	HOME PHONE	HOW LONG? YRS. MOS.		
PREVIOUS ADDRESSES (TO COVER 5 YEAR RESIDENCE)			CITY	STATE	ZIP	HOW LONG? YRS. MOS.	LIVED IN THE COMMUNITY? YRS. MOS.		
PREVIOUS ADDRESSES (TO COVER 5 YEAR RESIDENCE)			CITY	STATE	ZIP	HOW LONG? YRS. MOS.	LIVED IN THE COMMUNITY? YRS. MOS.		
OCCUPATION OR RANK	PRESENT EMPLOYER	ADDRESS		CITY	STATE	ZIP	PHONE	HOW LONG? YRS. MOS.	
PREVIOUS EMPLOYMENT (TO COVER 5 YEAR HISTORY)			ADDRESS		CITY	STATE	ZIP	PHONE	HOW LONG? YRS. MOS.
PREVIOUS EMPLOYMENT (TO COVER 5 YEAR HISTORY)			ADDRESS		CITY	STATE	ZIP	PHONE	HOW LONG? YRS. MOS.
NEAREST RELATIVE NOT LIVING WITH APPLICANT			ADDRESS		CITY	STATE	ZIP	PHONE	RELATIONSHIP

INCOME:

Applicant's gross monthly income from employment \$ _____
 Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.
 Alimony, child support, separate maintenance received under: court order written agreement oral understanding Amount \$ _____
 Amount of other monthly income and source(s) \$ _____

SECTION B. Information Regarding Spouse or Co-Applicant (Use separate sheets if necessary.)

TOTAL MONTHLY INCOME

LAST NAME (PRINT)	FIRST	INITIAL	BIRTHDATE	DRIVER'S LICENSE NO.	SOCIAL SECURITY NO./FED. TAX ID NO.	AGES OF DEPENDENTS	<input type="checkbox"/> MARRIED <input type="checkbox"/> UNMARRIED <input type="checkbox"/> SEPARATED		
ADDRESS			CITY	STATE	ZIP	HOME PHONE	HOW LONG? YRS. MOS.		
PREVIOUS ADDRESSES (TO COVER 5 YEAR RESIDENCE)			CITY	STATE	ZIP	HOW LONG? YRS. MOS.	LIVED IN THE COMMUNITY? YRS. MOS.		
PREVIOUS ADDRESSES (TO COVER 5 YEAR RESIDENCE)			CITY	STATE	ZIP	HOW LONG? YRS. MOS.	LIVED IN THE COMMUNITY? YRS. MOS.		
OCCUPATION OR RANK	PRESENT EMPLOYER	ADDRESS		CITY	STATE	ZIP	PHONE	HOW LONG? YRS. MOS.	
PREVIOUS EMPLOYMENT (TO COVER 5 YEAR HISTORY)			ADDRESS		CITY	STATE	ZIP	PHONE	HOW LONG? YRS. MOS.
PREVIOUS EMPLOYMENT (TO COVER 5 YEAR HISTORY)			ADDRESS		CITY	STATE	ZIP	PHONE	HOW LONG? YRS. MOS.
NEAREST RELATIVE NOT LIVING WITH APPLICANT			ADDRESS		CITY	STATE	ZIP	PHONE	RELATIONSHIP

INCOME:

Joint Applicant's gross monthly income from employment \$ _____
 Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.
 Alimony, child support, separate maintenance received under: court order written agreement oral understanding Amount \$ _____
 Amount of other monthly income and source(s) \$ _____

SECTION C. Asset and Department Information:

TOTAL MONTHLY INCOME

(If Section B has been completed, this Section should be completed giving information about both the Applicant and Joint Applicant or Other Person. Please mark Applicant-related information with an A. If Section B was not completed only give information about the Applicant in this Section)

LANDLORD OR MORTGAGE HOLDER (APPLICANT)	ADDRESS	ACCOUNT NO.	MORTGAGE BALANCE	PYMT OR RENT
OWN <input type="checkbox"/>			\$	\$
RENT <input type="checkbox"/>				
DATE HOME PURCHASED	AGE OF HOME	PRICE PAID FOR HOME	MARKET VALUE	2ND MORTGAGE AMT
			\$	\$
TYPE OF CREDIT COMPANY NAME OF ALL OBLIGATIONS	ACCOUNT NO.	<input type="checkbox"/> OPEN <input type="checkbox"/> CLOSED	ADDRESS	CITY STATE ZIP
PRESENT VEHICLE FINANCED BY/LEASED BY:	ACCOUNT NO.	ADDRESS	CITY STATE ZIP	\$
PRESENT VEHICLE FINANCED BY/LEASED BY:	ACCOUNT NO.	ADDRESS	CITY STATE ZIP	\$
BANK REFERENCE	ACCOUNT NO.	BRANCH/ADDRESS	<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	BALANCE
				\$
HAVE YOU EVER HAD ANY PROPERTY	<input type="checkbox"/> YES	DO YOU HAVE ANY LAW SUITS	<input type="checkbox"/> YES	HAVE YOU EVER FILED BANKRUPTCY
				<input type="checkbox"/> YES
				MILITARY RESERVE? <input type="checkbox"/> YES <input type="checkbox"/> ACTIVE

REPOSSESSED WITH IN THE PAST 7 YEARS? <input type="checkbox"/> NO	PENDING AGAINST YOU? <input type="checkbox"/> NO	WITHIN THE PAST 10 YEARS? <input type="checkbox"/> NO	<input type="checkbox"/> NO <input type="checkbox"/> INACTIVE		
PERSONAL FRIENDS KNOWN OVER ONE YEAR	ADDRESS	CITY	STATE	ZIP	PHONE
1.					
2.					

INSURANCE-IF YOU WISH TO APPLY FOR VEHICLE INSURANCE IN CONNECTION WITH THIS CREDIT APPLICATION. COMPLETE THE FOLLOWING:

Notice: No person is required as a condition precedent to financing the purchase of a motor vehicle to purchase insurance through a particular insurance company, agent or broker

PREVIOUS INSURANCE CO. OR AGENT (NAME AND ADDRESS)	WHERE WILL VEHICLE BE GARAGED?	POLICY NO.
HAS YOUR INSURANCE EVER BEEN CANCELED BY ANY COMPANY? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHY?	NO. OF INSURANCE LOSSES IN PAST 5 YEARS
		TOTAL AMOUNT OF LOSSES \$

I, the undersigned (1) make the above representations, which are certified correct, for the purpose of securing credit; (2) authorize financial institutions to obtain consumer credit reports on me periodically and to gather employment history as they consider necessary and appropriate; (3) authorize your affiliates to obtain consumer credit reports on me; (4) authorize financial institutions, affiliates, and others to exchange credit, account and financial information about me, and (5) Understand, that we or any financial institution to whom it's submitted will retain this application whether or not it is approved, and that it is the applicant's responsibility to notify the creditor of any changes of name, address or employment. The financial institution named below may be requested to purchase a sales finance contract writer, or to be written, in connection with your purchase. You are notified pursuant to the Fair Credit Reporting Act, that your application may be submitted to them.

FINANCIAL INSTITUTION _____
 ADDRESS _____

PURCHASER HEREBY ACKNOWLEDGES RECEIPT OF A COPY OF THE CREDIT STATEMENT.

X _____ **X** _____
 Applicant's Signature Co-Applicant's Signature