

# CREDIT APPLICATION

IMPORTANT: READ THESE DIRECTIONS BEFORE COMPLETING THIS APPLICATION

(Purchase / Lease)

- Check  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 for repayment of the credit requested, complete Sections A and C.
- Appropriate Box  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 and 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	
						\$	
<b>SECTION A. Information Regarding Applicant</b>					E-MAIL ADDRESS		CELL PHONE:
LAST NAME (PRINT)	FIRST	INITIAL	BIRTH DATE	DRIVER'S LIC NO.	SOCIAL SECURITY NO./FED. TAX ID NO.		AGE OF DEPENDANTS
							<input type="checkbox"/> MARRIED <input type="checkbox"/> UNMARRIED <input type="checkbox"/> SEPARATED
ADDRESS		CITY	STATE	ZIP	HOME PHONE		HOW LONG AT THIS ADDRESS
							YRS. MOS.
PREVIOUS ADDRESS (TO COVER A 5 YEAR RESIDENCE)		CITY	STATE	ZIP	HOW LONG?		LIVED IN THE COMMUNITY
					YRS. MOS.		YRS. MOS.
		CITY	STATE	ZIP	HOW LONG?		LIVED IN THE COMMUNITY
					YRS. MOS.		YRS. MOS.
PRESENT EMPLOYER		OCCUPATION OR RANK		DEPT OR BADGE #		HOW LONG EMPLOYED?	
						YRS. MOS.	
PRESENT EMPLOYER'S ADDRESS		CITY	STATE	ZIP	WORK PHONE		
PREVIOUS EMPLOYMENT (TO COVER 5 YEAR HISTORY)		ADDRESS	CITY	STATE	ZIP	PHONE	HOW LONG EMPLOYED?
							YRS. MOS.
		ADDRESS	CITY	STATE	ZIP	PHONE	HOW LONG EMPLOYED?
							YRS. MOS.
NEAREST RELATIVE NOT LIVING WITH APPLICANT		ADDRESS	CITY	STATE	ZIP	PHONE	RELATIONSHIP
<b>INCOME:</b>							
Applicants 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 <input type="checkbox"/> written agreement <input type="checkbox"/> oral understanding <input type="checkbox"/>							AMOUNT \$
Amount of other monthly income and source(s)							\$
<b>TOTAL MONTHLY INCOME</b>							\$

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

SELLER		STOCK NO.	V.I.N.		DATE	AMOUNT REQUESTED	
						\$	
<b>SECTION A. Information Regarding Applicant</b>					E-MAIL ADDRESS		CELL PHONE:
LAST NAME (PRINT)	FIRST	INITIAL	BIRTH DATE	DRIVER'S LIC NO.	SOCIAL SECURITY NO./FED. TAX ID NO.		AGE OF DEPENDANTS
							<input type="checkbox"/> MARRIED <input type="checkbox"/> UNMARRIED <input type="checkbox"/> SEPARATED
ADDRESS		CITY	STATE	ZIP	HOME PHONE		HOW LONG AT THIS ADDRESS
							YRS. MOS.
PREVIOUS ADDRESS (TO COVER A 5 YEAR RESIDENCE)		CITY	STATE	ZIP	HOW LONG?		LIVED IN THE COMMUNITY
					YRS. MOS.		YRS. MOS.
		CITY	STATE	ZIP	HOW LONG?		LIVED IN THE COMMUNITY
					YRS. MOS.		YRS. MOS.
PRESENT EMPLOYER		OCCUPATION OR RANK		DEPT OR BADGE #		HOW LONG EMPLOYED?	
						YRS. MOS.	
PRESENT EMPLOYER'S ADDRESS		CITY	STATE	ZIP	WORK PHONE		
PREVIOUS EMPLOYMENT (TO COVER 5 YEAR HISTORY)		ADDRESS	CITY	STATE	ZIP	PHONE	HOW LONG EMPLOYED?
							YRS. MOS.
		ADDRESS	CITY	STATE	ZIP	PHONE	HOW LONG EMPLOYED?
							YRS. MOS.
NEAREST RELATIVE NOT LIVING WITH APPLICANT		ADDRESS	CITY	STATE	ZIP	PHONE	RELATIONSHIP
<b>INCOME:</b>							
Applicants 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 <input type="checkbox"/> written agreement <input type="checkbox"/> oral understanding <input type="checkbox"/>							AMOUNT \$
Amount of other monthly income and source(s)							\$
<b>TOTAL MONTHLY INCOME</b>							\$

**SECTION C. Asset and Debt Information: List all debts including Alimony, Child Support, Separate Maintenance. (Use a Separate Page if Necessary)**

(If Section B has been completed, this Section should be completed giving information about 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) <small>OWN <input type="checkbox"/></small> <small>RENT <input type="checkbox"/></small>		ADDRESS	ACCOUNT NO.	MORTGAGE BALANCE \$	PYMNT. OR RENT \$		
LANDLORD OR MORTGAGE HOLDER (JOINT APPLICANT) <small>OWN <input type="checkbox"/></small> <small>RENT <input type="checkbox"/></small>		ADDRESS	ACCOUNT NO.	MORTGAGE BALANCE \$	PYMNT. OR RENT \$		
DATE HOME PURCHASED	AGE OF HOME	PRICE PAID FOR HOME	MARKET VALUE	2ND MORTGAGE AMOUNT \$	PAYMENT \$		
TYPE OF CREDIT	COMPANY NAME OF ALL OBLIGATIONS	ACCOUNT NO.	<input type="checkbox"/> OPEN <input type="checkbox"/> CLOSED	ADDRESS	BALANCE	HIGH	MONTHLY PYMNTS OR DATE CLOSED \$
					\$	\$	
			<input type="checkbox"/> OPEN <input type="checkbox"/> CLOSED		\$	\$	\$
			<input type="checkbox"/> OPEN <input type="checkbox"/> CLOSED		\$	\$	\$
			<input type="checkbox"/> OPEN <input type="checkbox"/> CLOSED		\$	\$	\$
			<input type="checkbox"/> OPEN <input type="checkbox"/> CLOSED		\$	\$	\$
PRESENT VEHICLE FINANCED BY / LEASED BY		ADDRESS	ACCOUNT NO.		\$		
PRESENT VEHICLE FINANCED BY / LEASED BY		ADDRESS	ACCOUNT NO.		\$		
BANK REFERENCE	BRANCH	ACCT NO.	<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/> LOAN	BALANCE \$ BALANCE \$ BALANCE \$			
HAVE YOU EVER HAD ANY PROPERTY REPOSSESSED IN THE LAST 7 YEARS	<input type="checkbox"/> YES <input type="checkbox"/> NO	DO YOU HAVE ANY LAWSUITS PENDING AGAINST YOU?	<input type="checkbox"/> YES <input type="checkbox"/> NO	HAVE YOU EVER FILED BANKRUPTCY OR IS A BANKRUPTCY PROCEEDING IN PROGRESS OR EXPECTED?	<input type="checkbox"/> YES <input type="checkbox"/> NO	MILITARY RESERVE?	<input type="checkbox"/> YES <input type="checkbox"/> ACTIVE <input type="checkbox"/> NO <input type="checkbox"/> INACTIVE
HAVE YOU EVER APPLIED FOR CREDIT IN ANOTHER NAME		<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES WHAT NAME?				
PERSONAL FRIENDS KNOWN OVER ONE YEAR		ADDRESS	CITY	STATE	ZIP	PHONE	
1.							
2.							
<b>INSURANCE - IF YOU WISH TO APPLY FOR VEHICLE INSURANCE IN CONNECTION WITH THIS CREDIT APPLICATION. COMPLETE THE FOLLOWING:</b>							
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 CANCELLED 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 \$			

The undersigned, (1) make the above representations, which are certified to be 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) understands that we, or any financial institution to whom this application is 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 change of name, address, or employment; (5) unless the circle that follows is marked, I authorize the dealer and any assignee or other person to whom this application is submitted to share and use information about me, including information in my application, with other entities that are related to them by common ownership or affiliated with them by common control. If the circle is marked, I direct the dealer and any assignee or other person to whom this application is submitted not to give information to such entities (other than information on their own transactions and experiences).

The financial institution named below may be requested to purchase a sales finance contract written, or to be written, 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 THIS CREDIT STATEMENT

CO-APPLICANT'S SIGNATURE MEANS YOU INTEND TO APPLY FOR JOINT CREDIT.

**X**  
\_\_\_\_\_  
APPLICANT'S SIGNATURE

**X**  
\_\_\_\_\_  
CO-APPLICANT'S SIGNATURE