

**(Purchase / Lease)**

**IMPORTANT: READ THESE DIRECTIONS BEFORE COMPLETING THIS APPLICATION**

- 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 for repayment of 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.
  - We intend to apply for joint credit.

Applicant Initials \_\_\_\_\_ Co-Applicant Initials \_\_\_\_\_

**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 LIC. NO.	SOCIAL SECURITY NO./FED. TAX ID. NO.
E-MAIL ADDRESS			HOME PHONE		CELL PHONE
ADDRESS	CITY	STATE	ZIP	HOW LONG AT THIS ADDRESS? YRS. MOS.	
PREVIOUS ADDRESSES (TO COVER 5 YEAR RESIDENCE)		CITY	STATE	ZIP	HOW LONG? YRS. MOS.
		CITY	STATE	ZIP	HOW LONG? YRS. MOS.
		CITY	STATE	ZIP	HOW LONG? YRS. MOS.
PRESENT EMPLOYER	OCCUPATION OR RANK		DEPT. OR BADGE #		
		CITY	STATE	ZIP	WORK PHONE
PREVIOUS EMPLOYMENT (TO COVER 5 YEAR HISTORY)		ADDRESS	CITY	STATE	ZIP
		ADDRESS	CITY	STATE	ZIP
NEAREST RELATIVE NOT LIVING WITH APPLICANT		ADDRESS	CITY	STATE	ZIP
		ADDRESS	CITY	STATE	ZIP

**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) ..... \$ \_\_\_\_\_  
**TOTAL MONTHLY INCOME \$ \_\_\_\_\_**

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

LAST NAME (PRINT)	FIRST	INITIAL	BIRTHDATE	DRIVER'S LIC. NO.	SOCIAL SECURITY NO./FED. TAX ID. NO.
RELATIONSHIP TO APPLICANT			E-MAIL ADDRESS		HOME PHONE
					CELL PHONE
ADDRESS	CITY	STATE	ZIP	HOW LONG AT THIS ADDRESS? YRS. MOS.	
PREVIOUS ADDRESSES (TO COVER 5 YEAR RESIDENCE)		CITY	STATE	ZIP	HOW LONG? YRS. MOS.
		CITY	STATE	ZIP	HOW LONG? YRS. MOS.
		CITY	STATE	ZIP	HOW LONG? YRS. MOS.
PRESENT EMPLOYER	OCCUPATION OR RANK		DEPT. OR BADGE #		
PRESENT EMPLOYER'S ADDRESS		CITY	STATE	ZIP	WORK PHONE
PREVIOUS EMPLOYMENT (TO COVER 5 YEAR HISTORY)		ADDRESS	CITY	STATE	ZIP
		ADDRESS	CITY	STATE	ZIP
NEAREST RELATIVE NOT LIVING WITH APPLICANT		ADDRESS	CITY	STATE	ZIP
		ADDRESS	CITY	STATE	ZIP

**INCOME:**  
 Co-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) ..... \$ \_\_\_\_\_  
**TOTAL MONTHLY INCOME \$ \_\_\_\_\_**

**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 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	PYMNT. OR RENT	
OWN <input type="checkbox"/>				\$	\$	
RENT <input type="checkbox"/>						
LANDLORD OR MORTGAGE HOLDER (JOINT APPLICANT)		ADDRESS	ACCOUNT NO.	MORTGAGE BALANCE	PYMNT. OR RENT	
OWN <input type="checkbox"/>				\$	\$	
RENT <input type="checkbox"/>						
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.	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 \$		
BANK REFERENCE	BRANCH	ACCT. NO.	<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/> LOAN	BALANCE \$		
HAVE YOU EVER HAD ANY PROPERTY REPOSSESSED WITHIN THE PAST 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		
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.						

**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 pursuant 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)	PHONE	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 applicant / co-applicant is referred to as "I" and the creditor is referred to as "you and your."

I the undersigned, (1) make the above representations, which are certified to be correct, for the purpose of securing credit; (2) authorize financial institutions to whom this application is submitted, to obtain consumer credit reports on me periodically and to gather employment history and income history as they consider necessary and appropriate; (3) authorize your affiliates to obtain consumer credit reports on me; (4) understand that you, 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.

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 INSTITUTIONS AND ADDRESSES**

I agree that you, your affiliates, agents and service providers may monitor and record telephone calls regarding my account to assure the quality of your service or for other reasons. I also expressly consent and agree to you, your affiliates, agents and service providers using written, electronic or verbal means to contact me. This consent includes, but is not limited to, contact by manual calling methods, prerecorded or artificial voice messages, text messages, e-mails and/or automatic telephone dialing systems. I agree you, your affiliates, assigns, agents and service providers may do so using any e-mail address or any telephone number I provide, now or in the future, including a number for a cellular phone or other wireless device, regardless of whether I incur charges as a result.

**Purchaser hereby acknowledges receipt of a copy of this credit application.**

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