

## Credit Application For use by dealers

CHECK APPROPRIATE BOX CONCERNING CREDIT REQUEST:

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 a basis of repayment of the credit requested.  
 This is an application for joint credit with another person. WE INTEND TO APPLY FOR JOINT CREDIT. PLEASE INITIAL HERE: APPLICANT \_\_\_\_\_ CO-APPLICANT \_\_\_\_\_  
 You are applying for individual credit, but are relying on the income or assets of another person as the basis for repayment of the credit requested.

APPLICANT

NAME (PRINT)		SOCIAL SECURITY NO.		DATE OF BIRTH	HOME PHONE
ADDRESS		CITY	STATE	ZIP	COUNTY
TIME AT THIS ADD.		YRS.		MOS.	
NO. OF DEPS.	AGES	OWN HOME <input type="checkbox"/> YES <input type="checkbox"/> NO	AMT. OF MORTGAGE	MO. PYMT. OR RENT	MORTGAGE HOLDER OR LANDLORD
PREVIOUS ADDRESS		CITY	STATE	ZIP	COUNTY
TIME AT PREV. ADD.		YRS.		MOS.	
PRESENT EMPLOYER (NAME AND ADDRESS)				BUSINESS PHONE	YEARS EMPLOYED
DEPARTMENT		OCCUPATION		INCOME PER MONTH	UNION OR LOCAL NO.
SOURCE AND AMOUNT OF OTHER INCOME (DO NOT DISCLOSE ALIMONY, CHILD SUPPORT OR SEPARATE MAINTENANCE PAYMENTS)					
PREVIOUS EMPLOYER (NAME AND ADDRESS)				PREV. OCCUPATION	PREV. YRS. EMP.
YOU NEED NOT REVEAL INCOME FROM ALIMONY, CHILD SUPPORT OR MAINTENANCE PAYMENTS IF YOU DO NOT CHOOSE TO DO SO IN APPLYING FOR CREDIT, HOWEVER, IF YOU DO CHOOSE TO REVEAL SUCH INCOME, PLEASE COMPLETE THIS SECTION.					
AMOUNT OF INCOME FROM CHILD SUPPORT, ALIMONY OR MAINTENANCE PAYMENTS			HOW LONG RECEIVED		NAME OF PAYOR
\$			YEARS:	MONTHS:	
ADDRESS OF PAYOR		CITY	STATE	ZIP	

CO-APPLICANT

COMPLETE THIS SECTION ONLY IF (1) CO-APPLICANT WILL BE CONTRACTUALLY LIABLE TO BANK ON THE ACCOUNT, OR (2) APPLICANT IS RELYING ON CO-APPLICANT'S INCOME AS A BASIS FOR REPAYMENT OF ACCOUNT.

NAME (PRINT)		SOCIAL SECURITY NO.		DATE OF BIRTH	HOME PHONE
ADDRESS		CITY	STATE	ZIP	COUNTY
TIME AT THIS ADD.		YRS.		MOS.	
NO. OF DEPS.	AGES	OWN HOME <input type="checkbox"/> YES <input type="checkbox"/> NO	AMT. OF MORTGAGE	MO. PYMT. OR RENT	MORTGAGE HOLDER OR LANDLORD
PREVIOUS ADDRESS		CITY	STATE	ZIP	COUNTY
TIME AT PREV. ADD.		YRS.		MOS.	
PRESENT EMPLOYER (NAME AND ADDRESS)				BUSINESS PHONE	YEARS EMPLOYED
DEPARTMENT		OCCUPATION		INCOME PER MONTH	UNION OR LOCAL NO.
SOURCE AND AMOUNT OF OTHER INCOME (DO NOT DISCLOSE ALIMONY, CHILD SUPPORT OR SEPARATE MAINTENANCE PAYMENTS)					
PREVIOUS EMPLOYER (NAME AND ADDRESS)				PREV. OCCUPATION	PREV. YRS. EMP.
YOU NEED NOT REVEAL INCOME FROM ALIMONY, CHILD SUPPORT OR MAINTENANCE PAYMENTS IF YOU DO NOT CHOOSE TO DO SO IN APPLYING FOR CREDIT, HOWEVER, IF YOU DO CHOOSE TO REVEAL SUCH INCOME, PLEASE COMPLETE THIS SECTION.					
AMOUNT OF INCOME FROM CHILD SUPPORT, ALIMONY OR MAINTENANCE PAYMENTS			HOW LONG RECEIVED		NAME OF PAYOR
\$			YEARS:	MONTHS:	
ADDRESS OF PAYOR		CITY	STATE	ZIP	

APPLICANT

CREDIT REFERENCES (NAME AND ADDRESS)	ACCT. IN NAME OF	OPEN OR CLOSED	BALANCE OWING	AMT. OF PAYMENT
BANK REFERENCE (NAME AND CITY)				
<input type="checkbox"/> CHECKING <input type="checkbox"/> CREDIT LINE <input type="checkbox"/> LOANS <input type="checkbox"/> SAVINGS				
NEAREST RELATIVE NOT LIVING WITH YOU (NAME & ADDRESS)				
FIRST PERSONAL REFERENCE (NAME AND ADDRESS)		SECOND PERSONAL REFERENCE (NAME AND ADDRESS)		

APPLICANT

STATEMENT OF TRANSACTION (DEALER USE ONLY)			AGREEMENT TO FURNISH INSURANCE	
DESCRIPTION OF GOODS SOLD			I HEREBY AGREE TO FURNISH TO DEALER OR TO SUCH PERSON AS DEALER MA	
CASH PRICE	SALES TAX	LICENSE	DESIGNATE A _____ MONTH POLICY OF INSURANCE WITH THE COVERAGES LISTED BELOW. SUCH POLICY TO BE ENDORSED WITH A "LONG FORM LOSS PAYABLE ENDORSEMENT" IN FAVOR OF DEALER OR SUCH PERSON AS DEALER MAY DESIGNATE	
		\$		
LESS CASH DOWN PAYMENT		-	COVERAGE	
			<input type="checkbox"/> FIRE, THEFT <input type="checkbox"/> COMPREHENSIVE <input type="checkbox"/> COLLISION DEDUCTIBLE	
LESS TRADE IN OR DISCOUNT (DESCRIBE)		-	INSURANCE COMPANY NAME	
UNPAID BALANCE			POLICY NUMBER	
PLUS PAYOFF (OWING TO)		+	INSURANCE AGENT NAME	
TOTAL TO FINANCE		\$	INSURANCE AGENT ADDRESS	
DEALER NAME	TERMS	PREF. PAY DATE	INSURANCE AGENT PHONE NO.	VERIFIED BY
I CERTIFY THAT THE INFORMATION GIVEN IS TRUE, CORRECT AND COMPLETE AND IS GIVEN FOR THE PURPOSE OF OBTAINING CREDIT AND YOU AND ANY OTHER CREDITOR OR PROSPECTIVE CREDITOR OF THE UNDERSIGNED OR ANY AGENCY EMPLOYED BY YOU OR ANY OF THEM ARE AUTHORIZED TO MAKE INVESTIGATIONS CONCERNING THE UNDERSIGNED OR CONCERNING THE ABOVE INFORMATION AND TO DISCLOSE TO EACH OTHER THE INFORMATION SET FORTH ABOVE AND THE RESULTS OF SUCH INVESTIGATIONS.				

### CREDIT DISCLOSURE

THE LENDER MAY NOT CONDITION AN EXTENSION OF CREDIT ON EITHER:  
 (1) MY PURCHASE OF AN INSURANCE PRODUCT OR ANNUITY FROM THE LENDER OR ANY OF ITS AFFILIATES; OR  
 (2) MY AGREEMENT NOT TO OBTAIN, OR A PROHIBITION ON ME FROM OBTAINING, AN INSURANCE PRODUCT OR ANNUITY FROM AN UNAFFILIATED ENTITY.

APPLICANT SIGNATURE	CO-APPLICANT SIGNATURE	DATE
X	X	