

CREDIT APPLICATION

Standard Retail Lease
 Fixed Value

DEALERSHIP NAME

**READ these directions
BEFORE completing
this Application.**

If applying for individual credit in your own name and relying only on your own income or assets for repayment of the credit requested, complete Section B.
If applying for joint credit with another person, complete Sections B and C.
If applying for individual credit, but are relying on income from alimony, child support, separate maintenance or on the income or assets of another person as the basis for repayment of the credit requested, complete Section B and provide information in Section C about the other person.
Wisconsin residents must complete Section D.

SECTION A: VEHICLE

<input type="checkbox"/> NEW	<input type="checkbox"/> AUCTION	MILEAGE	VEHICLE IDENTIFICATION NO.		
<input type="checkbox"/> USED VEHICLE					
YR.	MAKE	MODEL	ENGINE		
<input type="checkbox"/> A/C <input type="checkbox"/> P.S./P.B. <input type="checkbox"/> A/T LIST OTHER EQUIP.:					
TRADE IN	YR.	MAKE	MODEL	ENGINE	
<input type="checkbox"/> A/C <input type="checkbox"/> P.S./P.B. <input type="checkbox"/> A/T LIST OTHER EQUIP.:			MILEAGE		
OTHER CHARGES LIFE/A & H-\$		SERV. CONT.-\$	OTHER - \$		
INSURANCE INFORMATION		INSURANCE COMPANY			PHONE NO. ()

SECTION B: APPLICANT

APPLICANT'S NAME (LAST, FIRST, MIDDLE INIT.)			HAVE YOU EVER FILED BANKRUPTCY? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHEN? / /					
ADDRESS			DATE OF BIRTH SOCIAL SECURITY NO.					
CITY, STATE, ZIP			DRIVER'S LICENSE NO.					
HOME PHONE NO. ()	E-MAIL		NAME OF NEAREST RELATIVE NOT IN HOUSEHOLD		PHONE NO. ()			
MORTGAGE COMPANY/LANDLORD		MARKET VALUE \$	MORTGAGE BALANCE \$		ADDRESS, CITY, STATE, ZIP RELATIONSHIP			
TIME AT RES.	YRS?	MOS?	<input type="checkbox"/> OWNING/BUYING <input type="checkbox"/> RENTING <input type="checkbox"/> OTHER	RENT/MORT. \$	NAME OF ANOTHER RELATIVE NOT IN HOUSEHOLD PHONE NO. ()			
PREVIOUS ADDRESS, CITY, STATE, ZIP			TIME AT PREV. RES.	YRS?	MOS?	ADDRESS, CITY, STATE, ZIP RELATIONSHIP		
EMPLOYMENT EMPLOYER'S NAME AND ADDRESS			BUSINESS PHONE NO. ()		OCCUPATION	TIME ON JOB	YRS?	MOS?
MONTHLY INCOME \$	NAME AND ADDRESS				OCCUPATION	TIME ON JOB	YRS?	MOS?
OTHER INCOME Source(s) of other income: alimony, child support or separate maintenance income need not be disclosed if you do not wish to have it considered as a basis for repaying this obligation.								
ADDITIONAL MONTHLY INCOME \$	SOURCE(S):							

PRINCIPALS (To be completed if a Corporation or Partnership)		TYPE OF BUSINESS			
STATE OF INCORPORATION	NAME OF PRINCIPAL / APPLICANT		TITLE	YRS?	% OF OWNERSHIP
DATE OF INCORPORATION	NAME OF PRINCIPAL / APPLICANT		TITLE	YRS?	% OF OWNERSHIP

CREDIT REFERENCES		— Include finance companies, banks, credit cards, charge accounts, suppliers. Indicate any other name(s) under which credit references and/or credit history may be verified.				OTHER NAME(S):					
NAME OF CREDITOR / CREDIT CARD CO.		ADDRESS, BRANCH, PHONE OR CREDIT CARD NO.		OPEN	CLOSED	DATE OPEN	HIGH	TERM	PAYMENTS	BALANCE (\$)	
				<input type="checkbox"/>	<input type="checkbox"/>						
				<input type="checkbox"/>	<input type="checkbox"/>						
PREV CAR FINANCED OR LEASED WITH		PREVIOUS ACCOUNT WITH CREDITOR? <input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/>	<input type="checkbox"/>						
BANK, SAVINGS BANK, OR CREDIT UNION				BRANCH OR ADDRESS						TYPE OF ACCT. <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	
Debts: List all debts including alimony, child support, separate maintenance. Use separate page if needed.		\$	PER MO.	DEBTS:							