

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.  
Sign here to indicate that you intend to apply for joint credit: ☒ APPLICANT (SIGN OR INITIAL) ☒ CO-APPLICANT (SIGN OR INITIAL)

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"/> USED	<input type="checkbox"/> AUCTION <input type="checkbox"/> VEHICLE	MILEAGE	VEHICLE IDENTIFICATION NO.	
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.:				
OTHER CHARGES LIFE/A & H-\$		SERV. CONT.-\$	OTHER - \$	
INSURANCE INFORMATION			INSURANCE COMPANY	AGENT'S NAME
				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.	ARE YOU A U.S. CITIZEN OR PERMANENT RESIDENT ALIEN? <input type="checkbox"/> YES <input type="checkbox"/> NO
HOME PHONE NO. ( )		E-MAIL	EXPIRATION DATE
MORTGAGE COMPANY/LANDLORD		MARKET VALUE \$	MORTGAGE BALANCE \$
TIME AT RES. YRS? MOS? <input type="checkbox"/> OWNING/BUYING <input type="checkbox"/> RENTING <input type="checkbox"/> OTHER		RENT/MORT. \$	NAME OF NEAREST RELATIVE NOT IN HOUSEHOLD
PREVIOUS ADDRESS, CITY, STATE, ZIP		ADDRESS, CITY, STATE, ZIP	PHONE NO. ( )
		ADDRESS, CITY, STATE, ZIP	RELATIONSHIP

EMPLOYMENT	EMPLOYER'S NAME AND ADDRESS	BUSINESS PHONE NO. ( )	OCCUPATION	TIME ON JOB	YRS?	MOS?
	MONTHLY INCOME \$	PREVIOUS EMPLOYER 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):
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PRINCIPALS	(To be completed if a Corporation or Partnership)	TYPE OF BUSINESS
STATE OF INCORPORATION	NAME OF PRINCIPAL / APPLICANT	TITLE
DATE OF INCORPORATION	NAME OF PRINCIPAL / APPLICANT	TITLE
		YRS? % OF OWNERSHIP
		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.

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:					

SECTION C: JOINT APPLICANT OR OTHER PARTY

JOINT APPLICANT OR OTHER PARTY NAME (LAST, FIRST, MIDDLE INIT.)		HAVE YOU EVER FILED BANKRUPTCY? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHEN? / /	
ADDRESS		RELATIONSHIP	DATE OF BIRTH
CITY, STATE, ZIP		SOCIAL SECURITY NO.	
HOME PHONE NO. ( )		DRIVER'S LICENSE NO.	ARE YOU A U.S. CITIZEN OR PERMANENT RESIDENT ALIEN? <input type="checkbox"/> YES <input type="checkbox"/> NO
E-MAIL		STATE	EXPIRATION DATE
MORTGAGE COMPANY/LANDLORD		MARKET VALUE \$	MORTGAGE BALANCE \$
TIME AT RES. YRS? MOS? <input type="checkbox"/> OWNING/BUYING <input type="checkbox"/> RENTING <input type="checkbox"/> OTHER		RENT/MORT. \$	NAME OF NEAREST RELATIVE NOT IN HOUSEHOLD
PREVIOUS ADDRESS, CITY, STATE, ZIP		ADDRESS, CITY, STATE, ZIP	PHONE NO. ( )
		ADDRESS, CITY, STATE, ZIP	RELATIONSHIP

EMPLOYMENT	EMPLOYER'S NAME AND ADDRESS	BUSINESS PHONE NO. ( )	OCCUPATION	TIME ON JOB	YRS?	MOS?
	MONTHLY INCOME \$	PREVIOUS EMPLOYER 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):
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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.

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:					

SECTION D: MARITAL INFORMATION STATEMENT - WISCONSIN RESIDENTS ONLY / Marital Status

IS CO-APPLICANT YOUR SPOUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IS APPLICANT YOUR SPOUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> MARRIED	<input type="checkbox"/> MARRIED
DATE OF MARRIAGE	DATE OF MARRIAGE
SPOUSE'S NAME (IF OTHER THAN CO-APPLICANT)	SPOUSE'S NAME (IF OTHER THAN APPLICANT)
ADDRESS	ADDRESS
CITY, STATE, ZIP CODE	CITY, STATE, ZIP CODE
<input type="checkbox"/> LEGALLY SEPARATED	<input type="checkbox"/> LEGALLY SEPARATED
DATE OF DECREE OF LEGAL SEPARATION	DATE OF DECREE OF LEGAL SEPARATION
<input type="checkbox"/> UNMARRIED - The term "unmarried" includes single, divorced, or widowed persons	<input type="checkbox"/> UNMARRIED - The term "unmarried" includes single, divorced, or widowed persons

Notice to Married Applicants: No provision of any marital property agreement, statutory individual property classification agreement ("opt-out" agreement) under section 766.587 of the Wisconsin Statutes, unilateral statement under section 766.59 of the Wisconsin Statutes, or court order under section 766.70 of the Wisconsin Statutes adversely affects the interest of the creditor unless the creditor receives a copy of the agreement, statement, or order or has actual knowledge of the adverse provision before extending or agreeing to extend the credit you are requesting.

Is there a marital property agreement, statutory individual property classification agreement, unilateral statement, or court order that you wish the creditor to consider in evaluating your credit application? Check the appropriate box:

☐ No ☐ Yes (If yes, provide the creditor with a copy of the agreement, statement or order.)

Notice of Non-Applicant Spouse (Married Applicants only): If the credit applied for is individual credit or joint credit with an applicant who is not your spouse, the creditor is required by section 766.56 (3)(b) of the Wisconsin Statutes to notify your spouse of the extension of credit.

Statement of Purpose: For a married applicant applying for credit or for joint credit with an applicant who is not your spouse; The credit requested, if granted, will be incurred in the interest of your marriage or family.

SIGNATURE OF APPLICANT	SIGNATURE OF CO-APPLICANT
DATE	DATE

ARKANSAS RESIDENT: Chrysler Financial Services Americas LLC operates from the State of Texas. Any financing provided by Chrysler Financial Services Americas LLC will be extended on terms and conditions authorized by Texas law.

CALIFORNIA RESIDENT: Applicant, if married, may apply for a separate account.

MAINE, RHODE ISLAND, AND TENNESSEE RESIDENTS: You must have physical damage insurance covering loss or damage to the vehicle for the term of any contract. For a lease, you must also have the liability insurance as described in the lease. You may buy this insurance from anyone you choose. You do not have to buy it from or through someone affiliated with the dealer or an assignee of this contract. Your choice of insurance will not affect the credit approval process unless the insurance does not satisfy the contract requirements or the insurance company does not satisfy the reasonable standards of the dealer or an assignee of the contract.

NEW HAMPSHIRE RESIDENT: If you are applying for balloon payment contract, you are entitled, if you ask, to receive a written estimate of the monthly payment amount for refinancing the balloon payment in accord with the creditor's existing refinance programs. You would be entitled to receive the estimate before you enter into a balloon payment contract. A balloon contract is an installment sale contract with final scheduled payment that is at least twice the amount of one of the earlier scheduled equal periodic installment payments.

NEW YORK RESIDENT: Consumer reports may be requested in connection with this application. Upon your request, you will be informed as to whether or not a consumer report was requested and informed of the name and address of the consumer reporting agency that furnished the report. On any update, renewal or extension of this credit, subsequent consumer reports may be requested.

OHIO RESIDENT: The Ohio laws against discrimination require that all creditors make credit equally available to all creditworthy customers, and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio Civil Rights Commission administers compliance with this law.

By signing this application:

- You authorize Dealer, Chrysler Financial Services Americas LLC, DCFS Trust and any finance company, bank, or other financial institution to which the Dealer or Chrysler Financial Services Americas LLC submits your application to investigate your credit and employment history, obtain credit reports, and release information about your credit experience as the law permits.
- If an account is created, you authorize Chrysler Financial Services Americas LLC, DCFS Trust, and any financial institution to which Dealer or Chrysler Financial Services Americas LLC submits your credit application to obtain credit reports for the purpose of reviewing or taking collection action on your account, or for other legitimate purposes associated with your account.
- You certify that you have read and agree to the terms of this application and that the information in it is complete and true, and you certify that the vehicle for which you are applying for financing is for the applicant or the joint applicant's own use.
- You authorize a credit investigation of your credit based on the information, which you provided voluntarily; the information is true and correct and reflects all your current debts. In addition, you authorize the release of federal and state records of employment and income history, including State Employment Security Agency ("SESA") records. This SESA authorization is for this transaction only and continues in effect for one (1) year unless limited by state law, in which case the authorization continues in effect for the maximum period, not to exceed one (1) year, as allowed by law. A bankruptcy proceeding is neither in progress nor expected. If the attached application is submitted in the name of a business, a current and year-end financial statement, including P&L statement, and balance sheet may be required, audited if possible.
- To the extent permitted by law, you give Chrysler Financial Services Americas LLC, DCFS Trust, and any financial institution to which the Dealer or Chrysler Financial Services Americas LLC submits your application ("us") permission to a) monitor and record any telephone conversation between you and us and b) to contact you on your wireless telephone (including text messaging) through manual, autodial, and prerecorded means and you acknowledge that you may incur wireless telephone charges resulting from such contact.
- IN EXCHANGE FOR THE TIME, EFFORT, AND EXPENSE IN REVIEWING YOUR APPLICATION AND FOR OTHER VALUABLE CONSIDERATION, WHICH IS HEREBY ACKNOWLEDGED, YOU AGREE TO ALL OF THE TERMS OF THE IMPORTANT CONTRACT OF ARBITRATION CONTAINED ON THE REVERSE SIDE OF THIS APPLICATION AND ACKNOWLEDGE THAT YOU HAVE READ AND UNDERSTAND ALL OF ITS TERMS.

SIGNATURE OF APPLICANT X	DATE X	SIGNATURE OF JOINT APPLICANT / OTHER PARTY X	DATE X
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