

Credit Application

SignatureFINANCING®

DEALER INFORMATION										PLEASE USE BLACK INK																													
DEALER NAME _____										DEALER NUMBER _____										PROGRAM TYPE: _____																			
APPLICANT INFORMATION (MARRIED MAY APPLY AS AN INDIVIDUAL)																																							
FULL NAME APPLICANT (PRINCIPAL DRIVER OF VEHICLE)										FULL NAME JOINT APPLICANT										RELATIONSHIP _____																			
FIRST					MI					LAST					<input type="checkbox"/> SR <input type="checkbox"/> JR					FIRST					MI					LAST					<input type="checkbox"/> SR <input type="checkbox"/> JR				
STREET ADDRESS										APT #		HOW LONG?								STREET ADDRESS										APT #		HOW LONG?							
												YRS. MOS.																				YRS. MOS.							
CITY					STATE		ZIP			HOME PHONE					CITY					STATE		ZIP			HOME PHONE														
DATE OF BIRTH					AGE		SOCIAL SECURITY NUMBER								DATE OF BIRTH					AGE		SOCIAL SECURITY NUMBER																	
<input type="checkbox"/> OWN/BUYING										<input type="checkbox"/> LIVE WITH RELATIVE					MONTHLY PAYMENT					<input type="checkbox"/> OWN/BUYING										<input type="checkbox"/> LIVE WITH RELATIVE					MONTHLY PAYMENT				
<input type="checkbox"/> RENT/LEASE										<input type="checkbox"/> OTHER _____					\$					<input type="checkbox"/> RENT/LEASE										<input type="checkbox"/> OTHER _____					\$				
EMPLOYMENT																																							
EMPLOYER NAME										HOW LONG?					EMPLOYER NAME										HOW LONG?														
										YRS. MOS.															YRS. MOS.														
EMPLOYER ADDRESS										EMPLOYER ADDRESS																													
POSITION/TITLE					WORK PHONE					GROSS ANNUAL SALARY					POSITION/TITLE					WORK PHONE					GROSS ANNUAL SALARY														
										\$															\$														
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 DEBT.										ANNUAL AMOUNT					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 DEBT.										ANNUAL AMOUNT														
OTHER INCOME SOURCE										\$					OTHER INCOME SOURCE										\$														
PREVIOUS EMPLOYER OR SCHOOL										HOW LONG?					PREVIOUS EMPLOYER OR SCHOOL										HOW LONG?														
										YRS. MOS.															YRS. MOS.														
REFERENCES																																							
AUTO CREDIT REFERENCE (A/C #)					TRADING?		BALANCE			AUTO CREDIT REFERENCE (A/C #)					TRADING?		BALANCE																						
					<input type="checkbox"/> YES <input type="checkbox"/> NO		\$								<input type="checkbox"/> YES <input type="checkbox"/> NO		\$																						
OTHER CREDIT REFERENCE										BALANCE					OTHER CREDIT REFERENCE										BALANCE														
										\$															\$														
NEAREST RELATIVE (NOT LIVING WITH YOU)										RELATIONSHIP					NEAREST RELATIVE (NOT LIVING WITH YOU)										RELATIONSHIP														
ADDRESS										PHONE					ADDRESS										PHONE														
FRIEND OR RELATIVE										PHONE					FRIEND OR RELATIVE										PHONE														
SIGN																																							
<p>NOTICE: I, THE UNDERSIGNED, HEREBY AUTHORIZE THE DEALER, INFINITI FINANCIAL SERVICES, NISSAN-INFINITI LT AND/OR _____ (COLLECTIVELY "PROSPECTIVE CREDITORS") TO VERIFY CREDIT AND EMPLOYMENT HISTORY AS STATED ABOVE AND TO ANSWER QUESTIONS ABOUT CREDIT EXPERIENCE WITH ME. IF THIS APPLICATION IS MADE PURSUANT TO ANY CREDIT PROGRAM FOR ATTENDEES AND/OR GRADUATES OF SCHOOLS OR EDUCATIONAL INSTITUTIONS, THEN PROSPECTIVE CREDITORS MAY VERIFY MY ELIGIBILITY FOR SUCH PROGRAM, INCLUDING BY INQUIRY TO MY SCHOOL(S) OR EDUCATIONAL INSTITUTION(S). INSURANCE RELATED TO THE CREDIT FOR WHICH I AM APPLYING MAY BE PURCHASED FROM AN INSURER OR AGENT OF MY CHOICE WHO MEETS PROSPECTIVE CREDITOR STANDARDS. IN CONNECTION WITH THIS APPLICATION FOR CREDIT, PROSPECTIVE CREDITORS MAY REQUEST A CONSUMER (CREDIT) REPORT. ON MY REQUEST, PROSPECTIVE CREDITORS WILL ADVISE ME IF THE REPORT WAS ACTUALLY ORDERED AND IF SO, THE NAME AND ADDRESS OF THE AGENCY THAT FURNISHED THE REPORT. PROSPECTIVE CREDITORS MAY ORDER SUBSEQUENT CONSUMER (CREDIT) REPORTS.</p> <p>I AUTHORIZE PROSPECTIVE CREDITORS TO ASK MY PAST AND CURRENT CREDITORS ("CREDIT REFERENCES"), INCLUDING CREDITORS LISTED ABOVE OR ON MY CONSUMER (CREDIT) REPORT, ABOUT MY CREDIT PERFORMANCE WITH THEM. PROVISION BY PROSPECTIVE CREDITORS OF A COPY OF THIS AUTHORIZATION SHALL SERVE AS MY DIRECTION THAT MY CREDIT REFERENCES PROVIDE MY CREDIT PERFORMANCE INFORMATION.</p> <p>EVERYTHING THAT I HAVE STATED IN THIS APPLICATION IS CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT PROSPECTIVE CREDITORS WILL RETAIN THIS APPLICATION WHETHER OR NOT IT IS APPROVED. I WILL NOTIFY PROSPECTIVE CREDITORS, IF APPLICABLE, WITHIN A REASONABLE TIME OF ANY CHANGE IN MY NAME, ADDRESS OR EMPLOYMENT</p> <p>CO-APPLICANT'S SIGNATURE MEANS YOU INTEND TO APPLY FOR JOINT CREDIT.</p>																																							
X _____										X _____																													
SIGNATURE OF APPLICANT										DATE					SIGNATURE OF JOINT APPLICANT										DATE														
DEALER																																							
PROPOSED FINANCING TERMS										VEHICLE DESCRIPTION																													
RETAIL					LEASE					VIN																													
SALES PRICE \$ _____					GROSS CAP \$ _____					<input type="checkbox"/> NEW					USED VALUE GUIDE:					TRADE IN:																			
DOWN PAYMENT \$ _____					REDUCTION \$ _____					<input type="checkbox"/> USED					<input type="checkbox"/> NADA																								
NET TRADE \$ _____					ADJUSTED CAP \$ _____					<input type="checkbox"/> DEMO					<input type="checkbox"/> KELLEY																								
AMT FINANCED \$ _____					MSRP \$ _____					YEAR _____					<input type="checkbox"/> BLACK BOOK					YEAR _____																			
PROGRAM _____					PROGRAM _____					MAKE _____					BOOK VALUE \$ _____					MAKE _____																			
TERM _____					PAYMENT _____ TERM _____					MODEL _____					MILEAGE _____					MODEL _____																			

In states where leasing is available through Nissan-Infiniti LT, Infiniti Financial Services acts as Servicer for Nissan-Infiniti LT for lease applications.

