CONSUMER CREDIT APPLICATION (Please Print)

						84-3	302-6700 (06	6/07)											
Dealership Name							Dealership N	lumbe	r			Cont	act Nam	ie					
Applicant's E-Mail Address Previous Account Num						er (if con	tracted with	us)	Other Ir	formation	on								
SECTION A: INFOR	MATION REG	ARDING APPLIC	CANT																
Name (First, MI, Last)							SSN								D	ate of Birth	/		
Street Address (No P.O. Box)							City/State/Zi	р					<u> </u>				,		
Present Employer							Home Phone Work Phone												
Street Address (No P.O. Box)													Rent		Owns Lives w/ Years Months				
City/State/Zip															Mortgag	ortgage/Rent Payment			
Self- Employed	I I Reured I I							Income, alimony, child support, or separate maintenance income nee if you do not wish to have it considered for repaying this obligation.								Additional Monthly Income			
Previous Employer (Only if Current Employment is less than 2 years.)								Previous Occupation								Time Employed	Years	Months	
LIST THE NAME, PH	WITH YO	YOU (ONE MUST BE A RELATIVE):									1 7								
Name (1)							Phone ()							Relationship					
(2)							()												
(3)							()						_						
SECTION B: INFOR	MATION REG	ARDING CO-AP	PLICANT																
Name (First, MI, Last	t)						SSN								Da	ate of Birth	/		
Street Address (No P.O. Box)							City/State/Zi	p									/		
Present Employer							Home Phone						Work Phone						
Street Address (No P.O. Box)							Occupation Rent/						Owns		Years	Months			
City/State/Zip							Monthly Employment Income							Home Mortgag	ortgage/Rent Payment				
Self-	Retired	come, alimony, child support, or separate maintenance income need Additional Monthly Income																	
Employed Employed not be disclosed Previous Employer (Only if Current Employment is less than 2 years.)								f you do not wish to have it considered for repaying this obligation. Previous Occupation Time Years										Months	
LIST THE NAME. PH	HONE NUMBE	R AND RELATION	ONSHIP OF C	NE PERSON	NOT LISTE	D BY AF	PLICANT (MUST	BE A RE	LATIVE	E):					Employed			
LIST THE NAME, PHONE NUMBER AND RELATIONSHIP OF ONE PERSON NOT LISTED BY Name (1)							Phone ()								Relationship				
CONSUMER REPO any credit granted a the consumers repo which was voluntari credit card. If I do re The information I pr application for credit individual account. (maintain separate c consumer credit rep Upon your request y choose the agent ar discrimination on th Stat. §766.59, or a c statement or decree current address of Name	oceive an one ovided above it sale may be OHIO RESID ore dit histories ort may be ri you will be in! md insurer for e basis of ma court decree e, or has actu f your spous	er from this feter e is true and acc e considered by ENTS: The Ohic s on each indivice quested in con- formed whether the insurance r- trital status or se under Wis. Stat. al knowledge of e: en Credit, Audi	ral, the finan urate. BANK the dealer ar blaws agains dual upon recelection with for not a consequired by the equired by the eadverse Financial Sei	craiservices and W Credist discriminat quest. The O this application was a credit in the credit of t	marketing , bankruptcy t, Inc. as to tion require hio Civil rig on or in con report was n, but the ir ED WISCO Is the intercyou are m	partners y proceed y proceed that all c hts Com nnection request nsum NSIN RE set of the aking th Addre	may learn ding is not it meets p creditors m mission ad with update ed, and if so ust be appl cs creditor ur is applicat ess rvices) is a EW ACC	prese urcha: ake cr minist es, rer o, the roved: No p hless t	nation ac nation ac nation ac edit equi ers com newals, e name ar by the c rovision he credi ndividua	out me ogress ements ally ava bliance extension d addre reditor. of a ma lor, prio lly and w Cred	nor CA ilabl with ns, ess c MAS rital r to not	ause of expect ALIFO le to a or enfo of the SSAC proper the injuries injuries injuries asing,	only app ted. FAI ted. FAI Ill credit aw. MAI orcemer agency HUSET rty agre ne the c y with y	R CRE RESIDE Worthy NE, NII hts of a that fu TS RE ement redit is your s	s with Committee of the	eriain characteri EPORTING AC' A married applic mers, and that cr Mit granted as a d such report. Yo TS: Massachus ateral settlemen ad, is furnished a , please provide	stics wir DISCI ant may edit rep LAND F result o ou have etts law t agreer copy o e the fu	Ill be referred. LOSURE: This y apply for an porting agencies RESIDENTS: A of this application. the right to prohibits ment under Wis. of the agreement.	
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IMPORTANT IN To help the gove information that date of birth, and Signature of Applican	ernment fig identifies e d other info	the funding ach person vormation that	g of terrorisy who opens will allow t	sm and mo an accour he lender t	nt. What to identify		ans for yo ou may a	also l nature	of Co-Ap	olicant (F	PLAC	EMENT	OF CO-A	PPLICA	NT'S SIG	NATURE HERE		and record me, address, ments.	
To help the gove information that date of birth, and Signature of Applicar	ernment fig identifies e d other info	ht the funding each person vormation that	g of terroris who opens will allow t				ans for yo ou may a Sign	also l	of Co-Ap	olicant (F	PLAC	EMENT	OF CO-A	PPLICA	NT'S SIG	NATURE HERE IOINT CREDIT)		Date	
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