

CREDIT APPLICATION



IMPORTANT: READ THESE DIRECTIONS BEFORE COMPLETING THIS APPLICATION.

- Check
- Appropriate
- Box
- a.

☐

If 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 the basis for repayment of the credit requested, complete Sections 1 and 3.
- b.

☐
- If you are married and live in a community property state complete all Sections including Section 2 providing information about your spouse.

c.

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If this is an application for joint credit with another person complete all Sections providing information in Section 2 about the co-applicant.

NOTE: APPLICANT, IF MARRIED, MAY APPLY FOR A SEPARATE ACCOUNT.

SECTION 1. Information Regarding Applicant:

DEALER NO. (REQ'D)		DEALER NAME			
LAST NAME (PRINT)	FIRST	INITIAL	BIRTH DATE	DRIVER'S LIC. NO.	SOCIAL SECURITY/FED. ID NO.
ADDRESS	CITY	STATE	ZIP	HOW LONG? YRS. MOS.	PHONE ( )
LEASE BILLING ADDRESS (IF DIFFERENT)	CITY	COUNTY	STATE	ZIP	E-MAIL ADDRESS
PREVIOUS ADDRESSES (TO COVER 3 YEARS RESIDENCE)					HOW LONG? YRS. MOS.
OCCUPATION OR RANK	EMPLOYER			HOW LONG? YRS. MOS.	PHONE ( )
EMPLOYER'S ADDRESS		CITY	STATE	ZIP	
PREVIOUS EMPLOYER (TO COVER 2 YEAR HISTORY)		ADDRESS			HOW LONG? YRS. MOS.
NEAREST RELATIVE NOT LIVING WITH ME			ADDRESS	RELATIONSHIP	PHONE ( )
EDUCATION	<input type="checkbox"/> HIGH SCHOOL GRADUATE	<input type="checkbox"/> SOME COLLEGE	<input type="checkbox"/> 2-YR. COLLEGE DEGREE	<input type="checkbox"/> 4-YR. COLLEGE DEGREE	<input type="checkbox"/> SPECIALIZED TRAINING

INCOME:

Applicant's gross monthly income from employment

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 obligation.

Alimony, child support, separate maintenance received under: ☐ court order ☐ written agreement ☐ oral understanding

Amount of other monthly income and source(s)

TOTAL GROSS MONTHLY INCOME

\$

SECTION 2. Information Regarding Spouse or Co-Applicant (Use separate sheets if necessary.):

LAST NAME (PRINT)	FIRST	INITIAL	BIRTH DATE	DRIVER'S LIC. NO.	SOCIAL SECURITY/FED. ID NO.
ADDRESS	CITY	STATE	ZIP	HOW LONG? YRS. MOS.	PHONE ( )
PREVIOUS ADDRESSES (TO COVER 3 YEARS RESIDENCE)				HOW LONG? YRS. MOS.	E-MAIL ADDRESS
OCCUPATION OR RANK	EMPLOYER			HOW LONG? YRS. MOS.	PHONE ( )
EMPLOYER'S ADDRESS		CITY	STATE	ZIP	
PREVIOUS EMPLOYER (TO COVER 2 YEAR HISTORY)		ADDRESS			HOW LONG? YRS. MOS.

INCOME:

Joint Applicant or other party's gross monthly income from employment

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 obligation.

Alimony, child support, separate maintenance received under: ☐ court order ☐ written agreement ☐ oral understanding

Amount of other monthly income and source(s)

TOTAL GROSS MONTHLY INCOME

\$

SECTION 3. Asset and Debt Information:

(If Section 2 has been completed, this Section should be completed giving information about both the Applicant and Joint Applicant or Other Person. Please mark Applicant-related information with an "A." If Section 2 was not completed, only give information about the Applicant in this Section.)

<input type="checkbox"/> OWN HOME	LANDLORD OR MORTGAGE HOLDER		RENT/MORTGAGE PYMT.			
<input type="checkbox"/> RENTING			\$			
<input type="checkbox"/> LIVING WITH RELATIVES	CITY	STATE	PHONE ( )			
			2ND MORTGAGE PYMT.			
			\$			
Please provide any additional credit information not listed on your credit report you would like considered as a part of this Credit Application.						
TYPE OF CREDIT	NAME OF COMPANY	NAME IN WHICH ACCOUNT IS CARRIED	<input type="checkbox"/> OPEN <input type="checkbox"/> CLOSED	BALANCE	HIGH	MONTHLY PAYMENTS OR DATE CLOSED
			<input type="checkbox"/> OPEN <input type="checkbox"/> CLOSED	\$	\$	\$
			<input type="checkbox"/> OPEN <input type="checkbox"/> CLOSED	\$	\$	\$
				\$	\$	\$
Previous TFS Credit? <input type="checkbox"/> YES <input type="checkbox"/> NO	LAST VEHICLE PURCHASED (MAKE, MODEL, YEAR)		FINANCED BY			\$
BANK REFERENCE		BRANCH ADDRESS		<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	ACCOUNT NO.	
HAVE YOU EVER HAD ANY PROPERTY REPOSSESSED?		<input type="checkbox"/> YES <input type="checkbox"/> NO	DO YOU HAVE ANY SUITS PENDING AGAINST YOU?		<input type="checkbox"/> YES <input type="checkbox"/> NO	HAVE YOU FILED BANKRUPTCY IN THE LAST 10 YEARS?
						<input type="checkbox"/> YES <input type="checkbox"/> NO

MINIMUM PHYSICAL DAMAGE INSURANCE IS REQUIRED FOR THE FULL TERM OF THE INSTALLMENT CONTRACT to protect all interests thereunder against collision, fire, theft and the additional hazards covered by Combined Additional Coverage. YOU MAY CHOOSE THE PERSON THROUGH WHICH ANY OF THIS INSURANCE IS OBTAINED.

MAINE, NEW YORK AND OHIO RESIDENTS: SEE THE REVERSE SIDE OF THIS APPLICATION FOR FURTHER IMPORTANT DISCLOSURES AND INFORMATION.

FAIR CREDIT REPORTING ACT DISCLOSURE

This application for credit sale will be submitted to TFS at P.O. Box 29131, Shawnee Mission, KS 66201-1431 for purchase or consideration as to whether it meets purchase requirements.

I certify that the above information is complete and accurate. You are authorized to investigate my credit and employment history and to release information about your credit experience with me. I have received a copy of this Credit Application.

MONTHLY PAYMENT DATE DESIRED BY CUSTOMER	<input type="checkbox"/> CUSTOMER SIGNS	CO-APPLICANT SIGNS (ONLY IF BOX c. CHECKED)	DATE:
	X	X	

TO BE COMPLETED	SPECIAL PROGRAM		<input type="checkbox"/> RETAIL <input type="checkbox"/> LEASE <input type="checkbox"/> BALLOON
	<input type="checkbox"/> NEW YEAR	MAKE	TOTAL CASH PRICE/CAP COST
	<input type="checkbox"/> CERTIFIED		\$
	<input type="checkbox"/> USED		LESS: NET TRADE \$
	MODEL NO./NAME	MILEAGE	CASH DOWN/ CAP COST REDUCTION \$
			-(TOTAL DOWN PYMT)
	<input type="checkbox"/> AUTOMATIC TRANS. <input type="checkbox"/> POWER STEERING <input type="checkbox"/> POWER WINDOWS <input type="checkbox"/> AIR CONDITIONING <input type="checkbox"/> OTHER:		UNPAID BALANCE
<input type="checkbox"/> LEATHER INTERIOR <input type="checkbox"/> ABS BRAKES <input type="checkbox"/> POWER SEATS <input type="checkbox"/> CD PLAYER <input type="checkbox"/> OTHER:		PLUS INSURANCE AND ALL OTHER CHARGES	
TRADE-IN MAKE MODEL NO./NAME YEAR		TOTAL AMOUNT FINANCED/NET CAP COST:	
		=\$	
TERM OF CONTRACT MOS. PAYMENT AMOUNT \$		RESIDUAL VALUE (LEASE ONLY):	
		\$	
		<input type="checkbox"/> INV <input type="checkbox"/> AWV <input type="checkbox"/> MSRP \$	

KANSAS CITY 063040



Please fax application only.  
Additional documentation should be sent to your servicing TFS office with contract documentation.

0305 (05/08)