

PLEASE PRINT - INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.
INSTRUCTIONS:

You may apply for credit in your name alone, whether or not you are married.

 (1) Please indicate whether you are applying ☐ individually, or ☐ With another person.

(2) Indicate your marital status here only if:

a) you, live in a community property state (AZ, CA, ID, LA, NM, NV, TX, WA, WI), or

b) this is a joint application, or c) this is an application for secured credit.

☐ MARRIED ☐ UNMARRIED ☐ SEPARATED

(3) If you are applying for credit with another person, please complete all sections.

(4) If you are married and live in a community property state, or any property that will secure this credit is located within a community property state, please provide information about your spouse in the "Co-Applicant" section (even if this application is in your name alone).

 Will Applicant(s) be principal driver/operator? ☐ YES ☐ NO

The vehicle being applied for will be used primarily for: (check one)

☐ Personal, family or household use. ☐ Business, commercial, or agricultural purposes, or you, are an organization or, governmental entity.

APPLICANT INFORMATION

| | | | | | | | | | |
|--|--|------------|--|--|--|---------------------------------|--|---------------------|--|
| Last Name | | First Name | | Middle | | Birthdate | | Social Security No. | |
| Address (Residence) | | | | City | | State | | Zip | |
| Home Phone | | Work Phone | | Mailing Address (if different from Home Address) | | | | City | |
| Residential Status: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Buying <input type="checkbox"/> Parents <input type="checkbox"/> Other | | | | | | How Long: _____ Yrs. _____ Mos. | | Drivers License No. | |
| Previous Full Address (if less than 3 years) | | | | How Long: _____ Yrs. _____ Mos. | | Monthly Rent/Mtg. Pmt. \$ _____ | | | |
| | | | | | | E-Mail Address: _____ | | | |

EMPLOYMENT and INCOME INFORMATION: Note - Alimony, child support, or separate maintenance income need not be revealed if you do not choose to have it considered as a basis for repaying this obligation.

| | | | | | | | |
|--|--|--------------------------|--|-----------------------|--|------------|--|
| Employer Name / <input type="checkbox"/> Self-Employed | | Monthly Income: \$ _____ | | Length of Employment | | Occupation | |
| | | Other Income: \$ _____ | | _____ Yrs. _____ Mos. | | | |
| | | Source: _____ | | | | | |
| Previous Employer Name (if less than 3 years) | | Phone Number | | Length of Employment | | Occupation | |
| | | | | _____ Yrs. _____ Mos. | | | |

CO-APPLICANT INFORMATION - This Person is a : ☐ Spousal Joint Applicant ☐ Joint Applicant ☐ Co-signer/Guarantor ☐ Non-Applicant Spouse

| | | | | | | | | | |
|--|--|------------|--|--|--|---------------------------------|--|---------------------|--|
| Last Name | | First Name | | Middle | | Birthdate | | Social Security No. | |
| Address (If different than Applicant's) | | | | City | | State | | Zip | |
| Home Phone | | Work Phone | | Mailing Address (if different from Home Address) | | | | City | |
| Residential Status: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Buying <input type="checkbox"/> Parents <input type="checkbox"/> Other | | | | | | How Long: _____ Yrs. _____ Mos. | | Drivers License No. | |
| Previous Full Address (if less than 3 years) | | | | How Long: _____ Yrs. _____ Mos. | | Monthly Rent/Mtg. Pmt. \$ _____ | | | |
| | | | | | | E-Mail Address: _____ | | | |

EMPLOYMENT and INCOME INFORMATION: Note - Alimony, child support, or separate maintenance income need not be revealed if you do not choose to have it considered as a basis for repaying this obligation.

| | | | | | | | |
|--|--|--------------------------|--|-----------------------|--|------------|--|
| Employer Name / <input type="checkbox"/> Self-Employed | | Monthly Income: \$ _____ | | Length of Employment | | Occupation | |
| | | Other Income: \$ _____ | | _____ Yrs. _____ Mos. | | | |
| | | Source: _____ | | | | | |
| Previous Employer Name (if less than 3 years) | | Phone Number | | Length of Employment | | Occupation | |
| | | | | _____ Yrs. _____ Mos. | | | |

CREDIT and DEBT INFORMATION: If you are married and live in a community property state, or any property that will secure this credit is located in such, the Seller/Lessor and AHFC* will assume that all assets and income are community property and all debts are community obligation, unless you indicate otherwise on this application.

| | | | | | |
|---|-------------------|-------------------|-----------------|--|--|
| Bank Reference _____ | | Account No _____ | | <input type="checkbox"/> Checking <input type="checkbox"/> Savings | |
| Type of Loan: <input type="checkbox"/> Mortgage <input type="checkbox"/> Auto | Payment: \$ _____ | Balance: \$ _____ | Creditor: _____ | | |
| | Payment: \$ _____ | Balance: \$ _____ | Creditor: _____ | | |
| Has any party to this application been the subject, or subject to bankruptcy proceedings? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain, if yes. _____ | | | | | |
| Has any party to this application ever obtained credit under a different name? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, What name? _____ | | | | | |
| Had a vehicle repossessed? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, explain: _____ | | | | | |

References

| | | | |
|---------------------------------------|---------|-------|---------------------------|
| Nearest relative not living with you: | | | |
| Name | Address | Phone | Relationship to Applicant |
| List 2 additional references: | | | |
| Name | Address | Phone | Relationship to Applicant |
| | | | |

Please read and sign below: By my signature below, I certify that I have completed this application to obtain credit, and that all information provided by me for this application is true, correct and complete. I understand and agree that this application and related credit information will be forwarded to AHFC* (or other financial institution if shown below), and AHFC* may be asked to buy the retail installment contract or lease involved in this transaction. I authorize AHFC* to communicate the reason(s) for action taken on this application to the Dealer named below. I authorize the Seller/Lessor, and AHFC* (collectively "You") to make inquiries and obtain information about me as You deem appropriate for the purpose of evaluating this application, and for any update, renewal, or extension of the credit received, including obtaining credit reports, contacting my credit references and/or my employer, and contacting any person or department about my driving record. I also authorize You to provide credit information about this transaction to others for the purpose of initiating, monitoring, and other purposes related to this account. I authorize You to give a copy of this application to anyone who has agreed to pay debts incurred on the basis of this application. If I provided my e-mail address on this application, I agree that any communications and correspondence to me from any of the parties to this transaction may be effected by e-mail.

 *AHFC means and includes American Honda Finance Corporation and Honda Lease Trust, **20800 Madrona Avenue, Torrance, CA 90503**

You are notified that your application may be submitted to (Name and Address required): _____

Applicant's Signature _____ Date _____ Co-Applicant's Signature _____ Date _____

DEALER SECTION

| | | | | | |
|--|---|------------------------|-----------------------|------------------------|-----------------|
| Dealer Name | | Dealer # 208181 | | Dealer Contact Person; | |
| Honda/Acura Customer: <input type="checkbox"/> Yes <input type="checkbox"/> No | Year | Make | Model # | | MSRP |
| AHFC* Customer: <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| Loyalty: <input type="checkbox"/> Yes <input type="checkbox"/> No | Term: | Invoice | Estimated Payments \$ | Gap. Cost Red. | Adj. Cap. Cost |
| Sales Program: | <input type="checkbox"/> New <input type="checkbox"/> Used <input type="checkbox"/> Certified | Cash Price: | Sales Tax: | Cash Down: | Trade-in Amount |
| Miles: _____ | | | | Amount Financed | |