

CREDIT APPLICATION

Check
Appropriate
Box

☐ 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 A and C.
☐ If you are married and live in a community property state, complete all Sections including Section B providing information about your spouse.
☐ If this is an application for joint credit with another person, complete all Sections providing information in Section B about the co-applicant.

IMPORTANT: READ THESE DIRECTIONS BEFORE COMPLETING THIS APPLICATION.

(Purchase / Lease)

E-MAIL ADDRESS:

CELL PHONE:

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

| | | | | | | | | | |
|--------|--|--|--|-----------|--|------|--|------------------|--|
| SELLER | | | | STOCK NO. | | DATE | | AMOUNT REQUESTED | |
| | | | | | | | | \$ | |

SECTION A. Information Regarding Applicant:

| | | | | | | | | | | | |
|---|--|------------------|---------|-----------|-------------------|-------|---------------------|------------------------|--------------------|----------------------------------|--|
| LAST NAME (PRINT) | | FIRST | INITIAL | BIRTHDATE | DRIVER'S LIC. NO. | | SOCIAL SECURITY NO. | | AGES OF DEPENDENTS | | <input type="checkbox"/> MARRIED <input type="checkbox"/> UNMARRIED <input type="checkbox"/> SEPARATED |
| ADDRESS | | | | CITY | STATE | | ZIP | HOME PHONE () | | HOW LONG? YRS. MOS. | |
| PREVIOUS ADDRESSES (TO COVER 5 YEARS RESIDENCE) | | | | CITY | STATE | | ZIP | HOW LONG? YRS. MOS. | | LIVED IN COMMUNITY? YRS. MOS. | |
| | | | | CITY | STATE | | ZIP | HOW LONG? YRS. MOS. | | LIVED IN COMMUNITY? YRS. MOS. | |
| OCCUPATION OR RANK | | PRESENT EMPLOYER | | ADDRESS | | CITY | STATE | | ZIP | PHONE () | HOW LONG? YRS. MOS. |
| PREVIOUS EMPLOYMENT (TO COVER 5 YEAR HISTORY) | | ADDRESS | | CITY | | STATE | | ZIP | PHONE () | HOW LONG? YRS. MOS. | |
| | | ADDRESS | | CITY | | STATE | | ZIP | PHONE () | HOW LONG? YRS. MOS. | |
| NEAREST RELATIVE NOT LIVING WITH APPLICANT | | ADDRESS | | CITY | | STATE | | ZIP | PHONE () | RELATIONSHIP | |

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 ☐ verbal understanding ☐ Amount

\$

Amount of other monthly income and source(s)

\$

SECTION B. Information Regarding Spouse, or Co-Applicant (Use separate sheets if necessary.) TOTAL MONTHLY INCOME \$

| | | | | | | | | | | | | | | |
|---|--|------------------|---------|-----------|-------------------|-------|---------------------|------------------------|---------------------------|----------------------------------|------------------------|----------------------------------|--|--|
| LAST NAME (PRINT) | | FIRST | INITIAL | BIRTHDATE | DRIVER'S LIC. NO. | | SOCIAL SECURITY NO. | | RELATIONSHIP TO APPLICANT | | AGES OF DEPENDENTS | | <input type="checkbox"/> MARRIED <input type="checkbox"/> UNMARRIED <input type="checkbox"/> SEPARATED | |
| ADDRESS | | | | CITY | STATE | | ZIP | PHONE () | | HOW LONG? YRS. MOS. | | LIVED IN COMMUNITY? YRS. MOS. | | |
| PREVIOUS ADDRESSES (TO COVER 5 YEARS RESIDENCE) | | | | CITY | STATE | | ZIP | HOW LONG? YRS. MOS. | | LIVED IN COMMUNITY? YRS. MOS. | | | | |
| | | | | CITY | STATE | | ZIP | HOW LONG? YRS. MOS. | | LIVED IN COMMUNITY? YRS. MOS. | | | | |
| OCCUPATION OR RANK | | PRESENT EMPLOYER | | ADDRESS | | CITY | STATE | | ZIP | PHONE () | HOW LONG? YRS. MOS. | | | |
| PREVIOUS EMPLOYMENT (TO COVER 5 YEAR HISTORY) | | ADDRESS | | CITY | | STATE | | ZIP | PHONE () | HOW LONG? YRS. MOS. | | | | |
| | | ADDRESS | | CITY | | STATE | | ZIP | PHONE () | HOW LONG? YRS. MOS. | | | | |
| NEAREST RELATIVE NOT LIVING WITH APPLICANT | | ADDRESS | | CITY | | STATE | | ZIP | PHONE () | RELATIONSHIP | | | | |

INCOME:

Joint 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 ☐ verbal understanding ☐ Amount

\$

Amount of other monthly income and source(s)

\$

SECTION C. Asset and Debt Information: List All Debts Including Alimony, Child Support, Separate Maintenance. (Use a Separate Page If Necessary.) TOTAL MONTHLY INCOME \$

(If Section B 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 B was not completed, only give information about the Applicant in this Section.)

| | | | | | | | | | | | |
|---|---------------------------------|---|---|--|------|--|-------|---|------|---|--|
| LANDLORD OR MORTGAGE HOLDER | | ADDRESS | | | | ACCOUNT NO. | | MORTGAGE BALANCE | | PYMNT. OR RENT | |
| OWN <input type="checkbox"/> RENT <input type="checkbox"/> | | | | | | | | \$ | | \$ | |
| DATE HOME PURCHASED | | AGE OF HOME | | PRICE PAID FOR HOME | | MARKET VALUE | | 2nd MORTGAGE AMOUNT | | PAYMENT | |
| | | | | | | \$ | | \$ | | \$ | |
| TYPE OF CREDIT | COMPANY NAME OF ALL OBLIGATIONS | ACCOUNT NO. | <input type="checkbox"/> OPEN <input type="checkbox"/> CLOSED | ADDRESS | CITY | STATE | ZIP | BALANCE | HIGH | MONTHLY PYMTS OR DATE CLOSED | |
| | | | <input type="checkbox"/> OPEN <input type="checkbox"/> CLOSED | ADDRESS | CITY | STATE | ZIP | \$ | \$ | \$ | |
| | | | <input type="checkbox"/> OPEN <input type="checkbox"/> CLOSED | ADDRESS | CITY | STATE | ZIP | \$ | \$ | \$ | |
| | | | <input type="checkbox"/> OPEN <input type="checkbox"/> CLOSED | ADDRESS | CITY | STATE | ZIP | \$ | \$ | \$ | |
| | | | <input type="checkbox"/> OPEN <input type="checkbox"/> CLOSED | ADDRESS | CITY | STATE | ZIP | \$ | \$ | \$ | |
| PRESENT VEHICLE FINANCED BY / LEASED BY: | | ACCOUNT NO. | | ADDRESS | | CITY | STATE | ZIP | \$ | | |
| PRESENT VEHICLE FINANCED BY / LEASED BY: | | ACCOUNT NO. | | ADDRESS | | CITY | STATE | ZIP | \$ | | |
| BANK REFERENCE | | ACCOUNT NO. | | BRANCH / ADDRESS | | <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS | | BALANCE | | | |
| | | | | | | | | \$ | | | |
| BANK REFERENCE | | ACCOUNT NO. | | BRANCH / ADDRESS | | <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS | | BALANCE | | | |
| | | | | | | | | \$ | | | |
| HAVE YOU EVER HAD ANY PROPERTY REPOSSESSED? | | <input type="checkbox"/> YES <input type="checkbox"/> NO | | DO YOU HAVE ANY LAW SUITS PENDING AGAINST YOU? | | <input type="checkbox"/> YES <input type="checkbox"/> NO | | HAVE YOU EVER FILED BANKRUPTCY OR IS A BANKRUPTCY PROCEEDING IN PROGRESS OR EXPECTED? | | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| PERSONAL FRIENDS KNOWN OVER ONE YEAR | | ADDRESS | | CITY | | STATE | | ZIP | | PHONE () | |
| 1. | | ADDRESS | | CITY | | STATE | | ZIP | | PHONE () | |
| 2. | | ADDRESS | | CITY | | STATE | | ZIP | | PHONE () | |

INSURANCE — IF YOU WISH TO APPLY FOR VEHICLE INSURANCE IN CONNECTION WITH THIS CREDIT APPLICATION, COMPLETE THE FOLLOWING:

Notice: No person is required as a condition pursuant to financing the purchase of a motor vehicle to purchase insurance through a particular insurance company, agent or broker.

| | | | | | | | |
|---|--|---|--|---|--|------------------------|--|
| PREVIOUS INSURANCE CO. OR AGENT (NAME AND ADDRESS) | | PHONE () | | WHERE WILL VEHICLE BE GARAGED? | | POLICY NO. | |
| Has your insurance ever been canceled by any company? | | <input type="checkbox"/> YES <input type="checkbox"/> NO | | NO. OF INSURANCE LOSSES IN PAST 5 YEARS | | TOTAL AMOUNT OF LOSSES | |
| | | | | | | \$ | |

In the following sentence, the applicant/co-applicant is referred to as "I" and the creditor is referred to as "you and your". I, the undersigned (1) make the above representations, which are certified correct, for the purpose of securing credit; (2) authorize financial institutions to obtain consumer credit reports on me periodically and to gather employment history as they consider necessary and appropriate; (3) authorize your affiliates to obtain consumer credit reports on me; (4) UNLESS THE CIRCLE THAT FOLLOWS IS MARKED, I AUTHORIZE THE DEALER'S ASSIGNEE TO SHARE AND USE INFORMATION ABOUT ME, INCLUDING INFORMATION IN MY APPLICATION, WITH OTHER ENTITIES THAT ARE RELATED TO IT BY COMMON OWNERSHIP OR AFFILIATED WITH IT BY COMMON CONTROL. IF THE CIRCLE IS MARKED, I DIRECT THE DEALER'S ASSIGNEE NOT TO GIVE INFORMATION TO SUCH ENTITIES (OTHER THAN INFORMATION ON ITS OWN TRANSACTIONS AND EXPERIENCES.) ☐ ; (5) Understand, that you or any financial institution to whom it is submitted will retain this application whether or not it is approved, and that it is the applicant's responsibility to notify the creditor of any changes of name, address or employment.

The financial institutions named below may be requested to purchase a sales finance contract written, or to be written, in connection with your purchase. You are notified pursuant to the Fair Credit Reporting Act, that your application may be submitted to them or to other financial institutions.

FINANCIAL INSTITUTION(S)

ADDRESS(ES)

PURCHASER HEREBY ACKNOWLEDGES RECEIPT OF A COPY OF THIS CREDIT STATEMENT.

X

APPLICANT'S SIGNATURE

CO-APPLICANT'S SIGNATURE MEANS YOU INTEND TO APPLY FOR JOINT CREDIT.

X

CO-APPLICANT'S SIGNATURE