

Retail Motor Vehicle Credit Application

☐ Credit Sale ☐ Lease

Application Number: _____

Date: _____

Creditor Name and Address:

TYPE OF CREDIT REQUESTED:

☐ Business ☐ Individual ☐ Joint—We intend to apply for joint credit (initials): _____

The words "you" and "your" refer to each person or business submitting this application. The words "we", "us" and "our" refer to the seller and the financial companies to which your application is submitted. The words "married" and "spouse" include registered domestic partners or civil union where applicable.

IMPORTANT APPLICANT INFORMATION: Federal law requires financial companies to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information.

Complete **JOINT APPLICANT'S** section only if application is for joint credit.

(A) Applicant				Applicant Information				(B) Joint Applicant or Other Party					
FULL NAME (First, Middle, Last)				FULL NAME (First, Middle, Last)									
GOV'T ID TYPE		GOV'T ID NO.		GOV'T ID ISSUED BY		GOV'T ID TYPE		GOV'T ID NO.		GOV'T ID ISSUED BY			
GOV'T ID ISSUE DATE		GOV'T ID EXP. DATE		DATE OF BIRTH		GOV'T ID ISSUE DATE		GOV'T ID EXP. DATE		DATE OF BIRTH			
SOC. SEC. NO.		PRIMARY PHONE <input type="checkbox"/> CELL		SECOND PHONE <input type="checkbox"/> CELL		SOC. SEC. NO.		PRIMARY PHONE <input type="checkbox"/> CELL		SECOND PHONE <input type="checkbox"/> CELL			
EMAIL ADDRESS				EMAIL ADDRESS									
STREET ADDRESS			APT#	HOW LONG?		STREET ADDRESS			APT#	HOW LONG?			
CITY			STATE	ZIP	____ YEARS ____ MONTHS		CITY			STATE	ZIP		
MAILING ADDRESS (if different from Street Address)			APT#	MONTHLY RENT OR MORTGAGE PAYMENT		MAILING ADDRESS (if different from Street Address)			APT#	MONTHLY RENT OR MORTGAGE PAYMENT			
CITY			STATE	ZIP			CITY			STATE	ZIP		
RESIDENTIAL STATUS <input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> WITH RELATIVES <input type="checkbox"/> WITH FRIENDS <input type="checkbox"/> OTHER				LANDLORD/MORTGAGE				RESIDENTIAL STATUS <input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> WITH RELATIVES <input type="checkbox"/> WITH FRIENDS <input type="checkbox"/> OTHER				LANDLORD/MORTGAGE	
LANDLORD PHONE		PREVIOUS ADDRESS (if less than 2 yrs at current address)			APT#	LANDLORD PHONE		PREVIOUS ADDRESS (if less than 2 yrs at current address)			APT#		
CITY		STATE	ZIP	HOW LONG? ____ YRS ____ MOS		CITY		STATE	ZIP	HOW LONG? ____ YRS ____ MOS			
CURRENT EMPLOYER			GROSS MONTHLY SALARY			CURRENT EMPLOYER			GROSS MONTHLY SALARY				
CURRENT EMPLOYER'S ADDRESS			CITY		STATE	CURRENT EMPLOYER'S ADDRESS			CITY		STATE		
ZIP	WORK PHONE	HOW LONG? ____ YRS ____ MOS		OCCUPATION/JOB TITLE			ZIP	WORK PHONE	HOW LONG? ____ YRS ____ MOS		OCCUPATION/JOB TITLE		
PREVIOUS EMPLOYER (if less than 2 yrs at current job)			GROSS MONTHLY SALARY			PREVIOUS EMPLOYER (if less than 2 yrs at current job)			GROSS MONTHLY SALARY				
PREVIOUS EMPLOYER'S FULL ADDRESS			PHONE			PREVIOUS EMPLOYER'S FULL ADDRESS			PHONE				
SECONDARY EMPLOYER NAME (if applicable)			SECONDARY EMPLOYER ADDRESS			SECONDARY EMPLOYER NAME (if applicable)			SECONDARY EMPLOYER ADDRESS				
CITY		STATE	ZIP	GROSS MONTHLY SALARY		CITY		STATE	ZIP	GROSS MONTHLY SALARY			
SECONDARY EMPLOYER PHONE		HOW LONG? ____ YRS ____ MOS		OCCUPATION/JOB TITLE		SECONDARY EMPLOYER PHONE		HOW LONG? ____ YRS ____ MOS		OCCUPATION/JOB TITLE			

OTHER INCOME NOTE:*

<input type="checkbox"/> (A) or <input type="checkbox"/> (B) GROSS MONTHLY OTHER INCOME	OTHER INCOME SOURCE	<input type="checkbox"/> (A) or <input type="checkbox"/> (B) GROSS MONTHLY OTHER INCOME	OTHER INCOME SOURCE
---	---------------------	---	---------------------

* Alimony, child support, or separate maintenance incomes do not have to be revealed unless the applicant wishes to have such sources considered as a basis for repayment of the requested credit amount.

REFERENCE	PHONE	REFERENCE	PHONE
ADDRESS	RELATIONSHIP	ADDRESS	RELATIONSHIP
BANK REFERENCE <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS		BANK REFERENCE <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	

Signatures

You certify that the information given above is true and complete. We will rely, in part, on this information to evaluate your eligibility for credit. You authorize us to submit this application and any other documents pertaining to this proposed transaction to the following financial company(ies):

You authorize these financial companies and their affiliates to obtain any information they want in order to verify information related to this credit application, including requesting one or more consumer reports, verifying income and contacting a spouse to verify spouse related information.

Applicant's Signature	Date	DL #	Jt. Applicant's or Other Party's Signature (when applicable)	Date	DL #
-----------------------	------	------	--	------	------

Notices

California Residents. Each applicant, if married, may apply for a separate account.

Maine Residents. You have the right to select the agent and insurer to be used for any type of insurance required in connection with this credit transaction, including the right to choose an insurance agent or broker, whether or not that agent or broker is affiliated with us.

We shall not interfere, either directly or indirectly, with this right of choice of an agent and of an insurer. Your choice of a particular insurance agent or broker will not affect our credit decision or credit terms in any way, as long as the insurance provides adequate coverage with an insurer who meets our reasonable requirements such as the solvency and assessment policies of the insurer and its ability to service the policy.

New Hampshire Residents. If this is an application for a balloon retail sales contract, applicants are entitled, upon request, to receive a written estimate of the monthly payment for a balloon payment refinancing in accordance with the creditor's current refinancing programs prior to entering into a balloon contract.

New York Residents. A consumer report may be ordered in connection with your application. Upon your request, we will inform you whether or not a report was ordered. If a report was ordered, we will tell you the name and address of the consumer reporting agency that provided the report. Subsequent reports may be ordered or utilized in connection with an update, renewal or extension of credit for which you have applied.

Ohio Residents. The Ohio laws against discrimination require that all creditors make credit equally available to all creditworthy customers, and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio Civil Rights Commission administers compliance with this law. Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Wisconsin Residents. MARITAL PROPERTY AGREEMENT NOTICE: No provision of any marital property agreement, unilateral statement under Wisconsin Statutes Section 766.59 or court decree under Wisconsin Statutes Section 766.70 adversely affects the interest of the creditor unless the creditor, prior to the time the credit is granted, is furnished a copy of the agreement, statement or decree or has actual knowledge of the adverse provision when the obligation to the creditor is incurred.

The following is for Wisconsin residents only:

Applicant is ☐ married ☐ unmarried (includes single, divorced or widowed) ☐ separated.

If married or separated, and Applicant's spouse is not a joint applicant, such spouse's name is _____ and address is _____.

Waiver of Notice by Non-Joint Applicant Spouse: I agree to waive notice of any extension of credit in connection with this application.

Signature of Non-Joint Applicant Spouse

Date

ALL APPLICANTS: IMPORTANT APPLICANT INFORMATION

You authorize us to obtain consumer credit reports from time to time as we want, for any legitimate purpose, in connection with the transaction that is proposed by this application or any future update, renewal, or extension of that transaction. Upon request, you will be informed whether or not a consumer report was ordered. If a report was requested, you will be informed of the name and address of the consumer credit reporting agency that furnished the report. We may keep this application whether or not it is approved. You authorize us to check your credit and employment history and to answer questions others may ask us about your credit record with us.

You agree that your telephone communications with us and any financial company that reviews this credit application may be monitored and/or recorded to assure the quality of service. You give your consent to receive calls and text messages from the creditor or its third party debt collector at any number you have given us in this credit application or in the future; including calls and messages made using an auto dialer or prerecorded message, even if the telephone number is a cell phone number or other wireless device and the contact or message results in a charge to you. You agree that we can send disclosures or other communications to you electronically at the e-mail address you have given us.

By signing below you acknowledge you have read the applicable notices on this page and agree to the terms of the **ALL APPLICANTS: IMPORTANT APPLICANT INFORMATION** section.

Applicant's Signature_____
Date_____
Jt. Applicant's Signature (when applicable)_____
Date***For Dealer Use Only***

NEW/USED/DEMO	YEAR	MAKE	MODEL	BODY STYLE	MILEAGE	BOOK VALUE
TRADE IN YEAR	MAKE	MODEL	BODY STYLE	LIENHOLDER	ALLOWANCE	PAYOFF
CASH SELLING PRICE	NET TRADE	CASH DOWN	PRODUCTS & FEES	AMOUNT FINANCED	TERM	