

CREDIT APPLICATION

DEALER NAME: _____ DEALER CONTACT: _____

IMPORTANT: Read these Directions before completing this Application. Check appropriate box.

- If you are applying for individual credit, complete all but the Co-Applicant section of this application.
 If you are applying for joint credit with another person, complete the entire application, providing complete information about the applicant and the co-applicant.

First Name		MI	Last Name		SS #	DOB
Have you ever obtained credit under any other name? <input type="checkbox"/> YES If yes, full name: _____ <input type="checkbox"/> NO						
Driver's License Number		Expiration Date		State	Email Address	
Street Address		City	State	Zip Code	Time at Address: _____ Yrs. _____ Mos.	
Home Phone #		<input type="checkbox"/> Own <input type="checkbox"/> Other <input type="checkbox"/> Rent	Mortgage Company or Landlord		Phone Number	Monthly Payment
Previous Address (if current less than 3 years)		City	State	Zip Code	Time at Address: _____ Yrs. _____ Mos.	
Employer		Occupation		Address		
Yrs.	Mos.	Work Phone #		Salary \$ _____	<input type="checkbox"/> Week	<input type="checkbox"/> Month <input type="checkbox"/> Annual
Source of Other Income _____ <small>Alimony, child support or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for approval of this obligation.</small>				Other Income \$ _____ <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Annual		
Previous Employer (if current less than 3 years)		Occupation			Yrs.	Mos.

CO-APPLICANT INFORMATION

First Name		MI	Last Name		SS #	DOB
Driver's License Number			Expiration Date		State Issued	
Home Phone #			Relationship to Applicant			
Street Address		City	State	Zip Code	Time at Address: _____ Yrs. _____ Mos.	
Previous Address (if current less than 3 years)		City	State	Zip Code	Time at Address: _____ Yrs. _____ Mos.	
Employer		Occupation		Address		
Yrs.	Mos.	Work Phone #		Salary \$ _____	<input type="checkbox"/> Week	<input type="checkbox"/> Month <input type="checkbox"/> Annual
Source of Other Income _____ <small>Alimony, child support or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for approval of this obligation.</small>				Other Income \$ _____ <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Annual		
Previous Employer (if current less than 3 years)				Occupation	Yrs.	Mos.

NEAREST RELATIVE NOT LIVING WITH YOU

Name	Address	Phone Number	Relationship
------	---------	--------------	--------------

HOW DID YOU HEAR ABOUT US

As used in this paragraph "I", "me" and "my" refer to the applicant and co-applicant signing below, and "you" and "your" refer to the financial institutions listed above and any financial institution or other financing source to whom this application for credit is submitted.

I represent, warrant, and affirm that all of the statements made by me in this application are true and correct and have been made by me in order to induce you to grant credit to me with the knowledge that you will rely on them, I reaffirm, represent, and warrant that I have no outstanding obligations to any bank, loan company, corporation or individual except as shown on this application and that no suits, judgments, or legal claims of any kind whatsoever are now pending against me unless I listed them. I agree that this application shall remain your property. I authorize you to order a consumer report from any consumer reporting agency and to exchange credit information with others in connection with this application.

You may request and use subsequent consumer reports, in connection with an update, renewal or extension of the credit or which this application is made.

I hereby authorize you to check my credit and employment history and to answer questions about your credit experience with me. By signing below, I consent to your sharing information you receive from and about me with your affiliates and others, including information that may be used to offer insurance, investment products and other financial services to me.

APPLICANT'S SIGNATURE	DATE	CO-APPLICANT'S SIGNATURE	DATE
-----------------------	------	--------------------------	------

FAIR CREDIT REPORTING ACT DISCLOSURE FOR DEALER ORIGINATED APPLICATIONS: This application for credit may be submitted to various financial institutions.