

CREDIT APPLICATION

IMPORTANT: READ THESE DIRECTIONS BEFORE COMPLETING THIS APPLICATION.

(Purchase/Lease)

- 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 of repayment on 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

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

SELLER	STOCK NO.	V.I.N.	DATE	AMOUNT REQUESTED \$ _____
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SECTION A. Information Regarding Applicant:

LAST NAME (PRINT)	FIRST	INITIAL	BIRTHDATE	DRIVER'S LICENSE 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 YEAR RESIDENCE)				CITY	STATE	ZIP	HOW LONG? YRS. _____ MOS. _____	LIVED IN THE 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. _____	
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 oral 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 LICENSE NO.	SOCIAL SECURITY NO./FED.TAX ID.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 YEAR RESIDENCE)				CITY	STATE	ZIP	HOW LONG? YRS. _____ MOS. _____	LIVED IN THE 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. _____	
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 oral understanding Amount \$ _____

Amount of other monthly income and source(s) \$ _____

SECTION C. Asset and Department Information:

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 (APPLICANT) OWN <input type="checkbox"/> RENT <input type="checkbox"/>	ADDRESS	ACCOUNT NO.	MORTGAGE BALANCE \$ _____	PYMT OR RENT \$ _____					
DATE HOME PURCHASED	AGE OF HOME	PRICE PAID FOR HOME	MARKET VALUE \$ _____	2ND MORTGAGE AMT \$ _____					
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 \$ _____
	ACCOUNT NO.	<input type="checkbox"/> OPEN <input type="checkbox"/> CLOSED	ADDRESS	CITY	STATE	ZIP	\$ _____	\$ _____	\$ _____
	ACCOUNT NO.	<input type="checkbox"/> OPEN <input type="checkbox"/> CLOSED	ADDRESS	CITY	STATE	ZIP	\$ _____	\$ _____	\$ _____
	ACCOUNT NO.	<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 \$ _____					
HAVE YOU EVER HAD ANY PROPERTY	<input type="checkbox"/> YES	DO YOU HAVE ANY LAW SUITS	<input type="checkbox"/> YES	HAVE YOU EVER FILED BANKRUPTCY	<input type="checkbox"/> YES	MILITARY RESERVE?	<input type="checkbox"/> YES <input type="checkbox"/> ACTIVE		

REPOSSESSED WITH IN THE PAST 7 YEARS? <input type="checkbox"/> NO	PENDING AGAINST YOU? <input type="checkbox"/> NO	WITHIN THE PAST 10 YEARS? <input type="checkbox"/> NO	<input type="checkbox"/> NO <input type="checkbox"/> INACTIVE		
PERSONAL FRIENDS KNOWN OVER ONE YEAR	ADDRESS	CITY	STATE	ZIP	PHONE
1.					
2.					

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 precedent 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)	WHERE WILL VEHICLE BE GARAGED?	POLICY NO.
HAS YOUR INSURANCE EVER BEEN CANCELED BY ANY COMPANY? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHY?	NO. OF INSURANCE LOSSES IN PAST 5 YEARS
		TOTAL AMOUNT OF LOSSES
		\$

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) authorizes financial institutions, affiliates, and others to exchange credit, account and financial information about me, and (5) Understand, that we or any financial institution to whom it's submitted will retain this application whether or not is approved, and that it is the applicant's responsibility to notify the creditor of any changes of name, address or employment.

The financial institution 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.

FINANCIAL INSTITUTION _____

ADDRESS _____

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

X _____ **X** _____

Applicant's Signature Co-Applicant's Signature