

# 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 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 providing information in Section B about your spouse. Your spouse should not sign as "Co-applicant."
- 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.**

We intend to apply for joint credit.

Applicant Initials \_\_\_\_\_ Co-Applicant Initials \_\_\_\_\_

E-MAIL ADDRESS:
MOBILE PHONE:

SELLER	STOCK NO.	DATE	AMOUNT REQUESTED \$ _____
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## SECTION A. Information Regarding Applicant

LAST NAME (PRINT)	FIRST	INITIAL	BIRTHDATE	DRIVER'S LIC. NO.	<input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Separated	Do not complete if this is an application for individual credit and you do not reside in a community property state.	
SOCIAL SECURITY NO.				AGES OF DEPENDENTS			
ADDRESS		CITY	STATE	ZIP	HOME PHONE	HOW LONG? YRS. MOS.	
PREVIOUS ADDRESSES (TO COVER 5 YEARS RESIDENCE)		CITY	STATE	ZIP	HOW LONG?	LIVED IN COMMUNITY? YRS. MOS.	
		CITY	STATE	ZIP	HOW LONG?	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) ..... \$ \_\_\_\_\_

**TOTAL MONTHLY INCOME \$ \_\_\_\_\_**

## SECTION B. Information Regarding Co-Applicant or Spouse (for community property states) (Use separate sheets if necessary.)

LAST NAME (PRINT)	FIRST	INITIAL	BIRTHDATE	DRIVER'S LIC. NO.	<input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Separated	Do not complete if this is an application for individual credit and you do not reside in a community property state.	
SOCIAL SECURITY NO.				RELATIONSHIP TO APPLICANT		AGES OF DEPENDENTS	
ADDRESS		CITY	STATE	ZIP	PHONE	HOW LONG? YRS. MOS.	
PREVIOUS ADDRESSES (TO COVER 5 YEARS RESIDENCE)		CITY	STATE	ZIP	HOW LONG?	LIVED IN COMMUNITY? YRS. MOS.	
		CITY	STATE	ZIP	HOW LONG?	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) ..... \$ \_\_\_\_\_

**TOTAL MONTHLY INCOME \$ \_\_\_\_\_**

**SECTION C. Asset and Debt Information:** List All Debts Including Alimony, Child Support, Separate Maintenance. (Use a Separate Page If Necessary.)  
 (If Section B has been completed, this Section should be completed giving information about both the Applicant and Joint Applicant or Spouse (for community property states). 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 OWN <input type="checkbox"/> RENT <input type="checkbox"/>		ADDRESS		ACCOUNT NO.		MORTGAGE BALANCE \$	PYMNT. OR RENT \$	
DATE HOME PURCHASED		AGE OF HOME		PRICE PAID FOR HOME		MARKET VALUE \$		2nd MORTGAGE AMOUNT \$
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 PMTS OR DATE CLOSED \$ \$ \$
								\$ \$ \$
								\$ \$ \$
								\$ \$ \$
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		MILITARY RESERVE? <input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> ACTIVE <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 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	IF YES, WHY?	NO. OF INSURANCE LOSSES IN PAST 5 YEARS		TOTAL AMOUNT OF LOSSES \$

You agree that we and any assignee of the financing contract or lease may monitor and record telephone calls regarding your account to assure the quality of our service or for other reasons. You agree that we and our assignees may try to contact you in writing, by e-mail, or using prerecorded/artificial voice messages, text messages, and automatic telephone dialing systems, as the law allows. You also agree that we and our assignees may try to contact you in these and other ways at any address or telephone number you provide us, even if the telephone number is a cell phone number or the contact results in a charge to you. You (1) make the above representations, which are certified correct, for the purpose of securing credit; (2) authorize us, affiliated entities, and financial institutions to whom we submit your application (hereinafter "Financial Institutions") to obtain consumer credit reports and to gather employment history as necessary and appropriate to determine your creditworthiness; (3) understand that we or the Financial Institutions will retain this application whether or not it is approved, and that it is your responsibility to update changes of name, address or employment.

You are notified pursuant to the Fair Credit Reporting Act, that your application may be submitted to the financial institutions named below or to other Financial Institutions.

FINANCIAL INSTITUTION(S) \_\_\_\_\_  
 ADDRESSES \_\_\_\_\_

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

**X** \_\_\_\_\_  
 APPLICANT'S SIGNATURE

CO-APPLICANT

**X** \_\_\_\_\_  
 CO-APPLICANT'S SIGNATURE

IF MARRIED, YOU MAY APPLY FOR CREDIT SEPARATELY AS AN INDIVIDUAL.

**Community Property Notice for Married Applicants:** Please provide information about your spouse requested in Section B, even if your spouse is not a co-applicant. Your spouse does not have to be a co-applicant unless he/she wants to be a co-applicant.