

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'S INFORMATION					(B) JOINT APPLICANT'S INFORMATION				
PRINT FULL NAME			DOB		PRINT FULL NAME			DOB	
SSN/TAXID		STREET ADDRESS		APT#	SSN/TAXID		STREET ADDRESS		APT#
CITY	STATE	ZIP	HOW LONG? ____ YRS ____ MOS		CITY	STATE	ZIP	HOW LONG? ____ YRS ____ MOS	
HOME PHONE		CELL PHONE		MONTHLY RENT/MORTGAGE	HOME PHONE		CELL PHONE		MONTHLY RENT/MORTGAGE
APPLICANT'S E-MAIL ADDRESS					JOINT APPLICANT'S E-MAIL ADDRESS				
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)		PHONE	GROSS MONTHLY SALARY		PREVIOUS EMPLOYER (if less than 2 yrs at current job)		PHONE	GROSS MONTHLY SALARY	
PREVIOUS EMPLOYER'S FULL ADDRESS			HOW LONG? ____ YRS ____ MOS		PREVIOUS EMPLOYER'S FULL ADDRESS			HOW LONG? ____ YRS ____ MOS	
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
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

* 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.

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 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 # _____

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	RATE

