

CREDIT APPLICATION

APP # _____

(A) APPLICANT INFORMATION				(B) JOINT APPLICANT INFORMATION			
PRINT FULL NAME				PRINT FULL NAME			
DOB		SSN	# OF DEPENDENTS	DOB		SSN	# OF DEPENDENTS
STREET ADDRESS				STREET ADDRESS			
CITY		STATE	ZIPCODE	CITY		STATE	ZIPCODE
HOW LONG?	HOME PHONE		CELL PHONE	HOW LONG?	HOME PHONE		CELL PHONE
RESIDENTIAL STATUS		MONTHLY RENT/MORTGAGE PMT		RESIDENTIAL STATUS		MONTHLY RENT/MORTGAGE PMT	
LANDLORD OR MORTGAGE HOLDER'S NAME				LANDLORD OR MORTGAGE HOLDER'S NAME			
PREVIOUS ADDRESS (if less than 2 yrs at current address)				PREVIOUS ADDRESS (if less than 2 yrs at current address)			
CURRENT EMPLOYER'S NAME				CURRENT EMPLOYER'S NAME			
CURRENT EMPLOYER'S ADDRESS				CURRENT EMPLOYER'S ADDRESS			
GROSS MONTHLY SALARY		WORK PHONE		GROSS MONTHLY SALARY		WORK PHONE	
OCCUPATION/JOB TITLE			HOW LONG?	OCCUPATION/JOB TITLE			HOW LONG?
PREVIOUS EMPLOYER (if less than 2 yrs on current job)			HOW LONG?	PREVIOUS EMPLOYER (if less than 2 yrs on current job)			HOW LONG?
OTHER INCOME NOTE: 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.							
GROSS MONTHLY OTHER INCOME		OTHER INCOME SOURCE		GROSS MONTHLY OTHER INCOME		OTHER INCOME SOURCE	
REFERENCE 1		PHONE		ADDRESS		RELATIONSHIP	
REFERENCE 2		PHONE		ADDRESS		RELATIONSHIP	

FAIR CREDIT REPORTING ACT TO CONSUMER

THIS WILL ADVISE YOU THAT YOUR RETAIL INSTALLMENT SALES CONTRACT AND BUYER'S APPLICATION FOR SECURED DEBT WILL BE SUBMITTED TO FINANCIAL INSTITUTIONS AND THEIR AFFILIATES FOR PURCHASE AND CONSIDERATION AS TO WHETHER YOU MEET THEIR CREDIT REQUIREMENTS.

THE UNDERSIGNED FURTHER AUTHORIZES THESE FINANCIAL INSTITUTIONS AND THEIR AFFILIATES TO OBTAIN SUCH INFORMATION THAT THEY MAY REQUIRE IN ORDER TO VERIFY INFORMATION RELATIVE TO THIS REQUEST INCLUDING CONTACTING SPOUSES TO VERIFY SPOUSE RELATED INFORMATION.

I CERTIFY THAT ALL INFORMATION GIVEN BY ME ON THIS APPLICATION IS COMPLETE AND ACCURATE. I GIVE MY PERMISSION FOR ANY FINANCIAL INSTITUTION WHICH WILL REVIEW THIS CREDIT APPLICATION, TO INVESTIGATE MY CREDIT AND EMPLOYMENT HISTORY, AND TO ANSWER QUESTIONS ABOUT THEIR CREDIT EXPERIENCE WITH ME INCLUDING BUT NOT LIMITED TO LATE PAYMENTS, MISSED PAYMENTS OR OTHER DEFAULTS, AND THIS INFORMATION MAY BE REPORTED IN YOUR CREDIT REPORT.

APPLICANT
SIGNATURE _____
REQUIRED _____ DATE _____

(A) APPLICANT Driver's License No. _____

JOINT APPLICANT
SIGNATURE _____
REQUIRED _____ (means you intend to apply for joint credit) DATE _____

(B) JOINT APPLICANT Driver's License No. _____

FOR DEALER USE ONLY

NEW	USED	DEMO	YEAR	MAKE	BOOK VALUE	
MODEL					BODY STYLE	MILEAGE
TRADE IN YEAR		MAKE		MODEL	LIENHOLDER	
TERM		RATE		AMOUNT	DEALER (UNDERWRITER)	

CASH SELLING PRICE	_____
NET TRADE	_____
CASH DOWN	_____
UNPAID BALANCE	_____
PLUS INSURANCE & FEES	_____
TOTAL AMOUNT FINANCED	_____