

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
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)		GROSS MONTHLY SALARY		PREVIOUS EMPLOYER (if less than 2 yrs at current job)		GROSS MONTHLY SALARY	
PREVIOUS EMPLOYER'S FULL ADDRESS		PHONE		PREVIOUS EMPLOYER'S FULL ADDRESS		PHONE	
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	

Notices

Notice: Any insurance in connection with a credit transaction can be purchased from or through any agent, broker, and insurer that the debtor chooses, without regard to whether the agent or broker is affiliated with the creditor. The debtor's choice will not affect the credit decision or credit terms in any way (provided that the insurance satisfies the terms of the extension of credit regarding adequacy of coverage), except that the creditor can impose reasonable requirements concerning the solvency and assessment policies of the insurer and its ability to service the policy.

Receipt of a copy of this notice at the time of application is acknowledged by signing below.

X _____ X _____

IMPORTANT APPLICANT INFORMATION:

You authorize us to obtain consumer credit reports from time to time as we want, for any legitimate purpose, in connection with the transaction that is proposed by this application or any future update, renewal, or extension of that transaction. Upon request, you will be informed whether or not a consumer report was ordered. If a report was requested, you will be informed of the name and address of the consumer credit reporting agency that furnished the report. We may keep this application whether or not it is approved. You authorize us to check your credit and employment history and to answer questions others may ask us about your credit record with us.

You agree that your telephone communications with us and any financial company that reviews this credit application may be monitored and/or recorded to assure the quality of service. You give your consent to receive calls and text messages from the creditor or its third party debt collector at any number you have given us, including calls and messages made using an autodialer or prerecorded message. You agree that we can send disclosures or other communications to you electronically at the e-mail address you have given us.

By signing below you acknowledge you have read the applicable notices on this page and agree to the terms of the **IMPORTANT APPLICANT INFORMATION** section.

Applicant's Signature	Date
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Jt. Applicant's Signature (when applicable) _____ Date _____