

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.

E-MAIL ADDRESS:

MOBILE PHONE:

We intend to apply for joint credit.

Applicant Initials

Co-Applicant Initials

SELLER	STOCK NO.	DATE	AMOUNT REQUESTED
			\$ _____

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 () YRS. MOS.
PREVIOUS ADDRESSES (TO COVER 5 YEARS RESIDENCE)				CITY	STATE	ZIP	HOW LONG? YRS. MOS. LIVED IN COMMUNITY?
				CITY	STATE	ZIP	HOW LONG? YRS. MOS. LIVED IN COMMUNITY?
				CITY	STATE	ZIP	HOW LONG? YRS. MOS. LIVED IN COMMUNITY?
OCCUPATION OR RANK	PRESENT EMPLOYER	ADDRESS		CITY	STATE	ZIP	PHONE () YRS. MOS.
PREVIOUS EMPLOYMENT (TO COVER 5 YEAR HISTORY)		ADDRESS		CITY	STATE	ZIP	PHONE () YRS. MOS.
		ADDRESS		CITY	STATE	ZIP	PHONE () 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
ADDRESS							CITY
PREVIOUS ADDRESSES (TO COVER 5 YEARS RESIDENCE)							CITY
							CITY
							CITY
OCCUPATION OR RANK	PRESENT EMPLOYER	ADDRESS		CITY	STATE	ZIP	PHONE () YRS. MOS.
PREVIOUS EMPLOYMENT (TO COVER 5 YEAR HISTORY)		ADDRESS		CITY	STATE	ZIP	PHONE () YRS. MOS.
		ADDRESS		CITY	STATE	ZIP	PHONE () 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		ADDRESS		ACCOUNT NO.		MORTGAGE BALANCE		PYMNT. OR RENT	
OWN <input type="checkbox"/>						\$		\$	
RENT <input type="checkbox"/>									
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
			<input type="checkbox"/> OPEN <input type="checkbox"/> CLOSED	ADDRESS	CITY	STATE	ZIP	\$	\$
			<input type="checkbox"/> OPEN <input type="checkbox"/> CLOSED	ADDRESS	CITY	STATE	ZIP	\$	\$
			<input type="checkbox"/> OPEN <input type="checkbox"/> CLOSED	ADDRESS	CITY	STATE	ZIP	\$	\$
			<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	
								\$	
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	
PERSONAL FRIENDS KNOWN OVER ONE YEAR		ADDRESS		CITY		STATE		ZIP	
1.								PHONE	
								()	
2.		ADDRESS		CITY		STATE		ZIP	
								PHONE	
								()	

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	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 _____

