

# 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 including Section B providing information about your spouse.
  - If this is an application for joint credit with another person, complete all Sections providing information in Section B about the co-applicant.

E-MAIL ADDRESS: \_\_\_\_\_  
 CELL PHONE: \_\_\_\_\_

**NOTE: APPLICANT, IF MARRIED, MAY APPLY FOR A SEPARATE ACCOUNT.**

SELLER \_\_\_\_\_ STOCK NO. \_\_\_\_\_ DATE \_\_\_\_\_ AMOUNT REQUESTED \$ \_\_\_\_\_

## SECTION A. Information Regarding Applicant:

LAST NAME (PRINT)		FIRST	INITIAL	BIRTHDATE	DRIVER'S LIC. NO.	SOCIAL SECURITY NO.		AGES OF DEPENDENTS		<input type="checkbox"/> MARRIED <input type="checkbox"/> UNMARRIED <input type="checkbox"/> SEPARATED
ADDRESS				CITY	STATE	ZIP	HOME PHONE ( )		HOW LONG? YRS. MOS.	
PREVIOUS ADDRESSES (TO COVER 5 YEARS RESIDENCE)				CITY	STATE	ZIP	HOW LONG? YRS. MOS.		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.	
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 Spouse, or Co-Applicant (Use separate sheets if necessary.)

LAST NAME (PRINT)		FIRST	INITIAL	BIRTHDATE	DRIVER'S LIC. NO.	SOCIAL SECURITY NO.		RELATIONSHIP TO APPLICANT	AGES OF DEPENDENTS		<input type="checkbox"/> MARRIED <input type="checkbox"/> UNMARRIED <input type="checkbox"/> SEPARATED
ADDRESS				CITY	STATE	ZIP	PHONE ( )		HOW LONG? YRS. MOS.		
PREVIOUS ADDRESSES (TO COVER 5 YEARS RESIDENCE)				CITY	STATE	ZIP	HOW LONG? YRS. MOS.		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.		
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 Other Person. 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	MONTHLY PYMTS OR DATE CLOSED	
								\$	\$	\$	
								\$	\$	\$	
								\$	\$	\$	
								\$	\$	\$	
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		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 \$

In the following sentence, the applicant/co-applicant is referred to as "I" and the creditor is referred to as "you and your". I, the undersigned (1) make the above representations, which are certified correct, for the purpose of securing credit; (2) authorize financial institutions to obtain consumer credit reports on me periodically and to gather employment history as they consider necessary and appropriate; (3) **authorize your affiliates to obtain consumer credit reports on me**; (4) **UNLESS THE CIRCLE THAT FOLLOWS IS MARKED, I AUTHORIZE THE DEALER'S ASSIGNEE TO SHARE AND USE INFORMATION ABOUT ME, INCLUDING INFORMATION IN MY APPLICATION, WITH OTHER ENTITIES THAT ARE RELATED TO IT BY COMMON OWNERSHIP OR AFFILIATED WITH IT BY COMMON CONTROL. IF THE CIRCLE IS MARKED, I DIRECT THE DEALER'S ASSIGNEE NOT TO GIVE INFORMATION TO SUCH ENTITIES (OTHER THAN INFORMATION ON ITS OWN TRANSACTIONS AND EXPERIENCES.)**  ; (5) Understand, that you or any financial institution to whom it is submitted will retain this application whether or not it is approved, and that it is the applicant's responsibility to notify the creditor of any changes of name, address or employment.

**The financial institutions named below may be requested to purchase a sales finance contract written, or to be written, in connection with your purchase. You are notified pursuant to the Fair Credit Reporting Act, that your application may be submitted to them or to other financial institutions.**

**FINANCIAL INSTITUTION(S)** \_\_\_\_\_

**ADDRESS(ES)** \_\_\_\_\_

**PURCHASER HEREBY ACKNOWLEDGES RECEIPT OF A COPY OF THIS CREDIT STATEMENT.**

**X**

APPLICANT'S SIGNATURE

**CO-APPLICANT'S SIGNATURE MEANS YOU INTEND TO APPLY FOR JOINT CREDIT.**

**X**

CO-APPLICANT'S SIGNATURE