

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.

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

E-MAIL ADDRESS _____

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

SECTION A. Information Regarding Applicant:

LAST NAME (PRINT)	FIRST	INITIAL	BIRTHDATE	DRIVER'S LIC. NO.	SOCIAL SECURITY NO.	CITY	STATE	ZIP	HOME PHONE	AGES OF DEPENDENTS	HOW LONG?	YRS.	MOS.	RELATIONSHIP										
PREVIOUS ADDRESSES (TO COVER 5 YEARS RESIDENCE)																								
OCCUPATION OR BANK PRESENT EMPLOYER																								
PREVIOUS EMPLOYMENT (TO COVER 5 YEAR HISTORY)																								
NEAREST RELATIVE NOT LIVING WITH APPLICANT																								

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 _____ \$

SECTION B. Information Regarding Spouse, or Co-Applicant (Use separate sheets if necessary.)

TOTAL MONTHLY INCOME \$ _____

LAST NAME (PRINT)	FIRST	INITIAL	BIRTHDATE	DRIVER'S LIC. NO.	SOCIAL SECURITY NO.	RELATIONSHIP TO APPLICANT	AGES OF DEPENDENTS	HOW LONG?	YRS.	MOS.	RELATIONSHIP
PREVIOUS ADDRESSES (TO COVER 5 YEARS RESIDENCE)											
OCCUPATION OR BANK PRESENT EMPLOYER											
PREVIOUS EMPLOYMENT (TO COVER 5 YEAR HISTORY)											
NEAREST RELATIVE NOT LIVING WITH APPLICANT											

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 _____ \$

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 in Order to obtain Pre-sale Bank Applicant credit information with an A. If Section B was not completed, only give information about the Applicant in this Section.)

LAND/LOAN OR MORTGAGE HOLDER OWNED BY (1)	ADDRESS	AGE OF HOME	PRICE PAID FOR HOME	ACCOUNT NO.	MARKET VALUE \$	MORTGAGE BALANCE \$	PAYMENT ON HEFT \$	MORTGAGE AMOUNT \$	PAYMENT \$	MONTHLY PAYMENTS OR DATE CLOSED \$
TYPE OF CREDIT	COMPANY NAME OF ALL OBLIGATIONS	ACCOUNT NO.	OPEN CLOSED	ADDRESS	CITY	STATE	ZIP	BALANCE \$	HIGH \$	
			OPEN CLOSED	ADDRESS	CITY	STATE	ZIP	\$	\$	\$
			OPEN CLOSED	ADDRESS	CITY	STATE	ZIP	\$	\$	\$
			OPEN 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				BALANCE \$		
BANK REFERENCE		ACCOUNT NO.		BRANCH / ADDRESS				BALANCE \$		
BANK REFERENCE		ACCOUNT NO.		BRANCH / ADDRESS				BALANCE \$		

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. _____
 NO. OF INSURANCE LOSSES IN PAST 5 YEARS _____ TOTAL AMOUNT OF LOSSES \$ _____

FINANCIAL INSTITUTION(S) _____
ADDRESS(ES) _____

APPLICANT'S SIGNATURE **PURCHASER HEREBY ACKNOWLEDGES RECEIPT OF A COPY OF THIS CREDIT STATEMENT.**
APPLICANT'S SIGNATURE