

# CREDIT APPLICATION

IMPORTANT: READ THESE DIRECTIONS BEFORE COMPLETING THIS APPLICATION.

(Purchase / Lease)

Check Appropriate Box  SELLER	<input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>	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 request, complete Section A & 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 and the co-applicant.  <b>NOTE: APPLICANT, IF MARRIED, MAY APPLY FOR A SEPARATE ACCOUNT</b>	
STOCK NO.	DATE	AMOUNT REQUEST	EMAIL

## SECTION A: Information Regarding the Applicant:

LAST NAME (PRINT)	FIRST	INITIAL	BIRTHDATE	DRIVER'S LIC. NO.	SOCIAL SECURITY NO.	AGES OF DEPENDENTS	MARITAL STATUS <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Separated
ADDRESS	CITY	STATE	ZIP	HOME PHONE	HOW LONG Years Mos	LIVED IN COMMUNITY? Years Mos	
PREVIOUS ADDRESSES (To cover 5 years residence)	CITY	STATE	ZIP	HOME PHONE	HOW LONG Years Mos	LIVED IN COMMUNITY? Years Mos	
	CITY	STATE	ZIP	HOME PHONE	HOW LONG Years Mos	LIVED IN COMMUNITY? Years Mos	
OCCUPATION OR RANK	PRESENT EMPLOYER	ADDRESS	CITY	STATE	ZIP	PHONE	HOW LONG Years Mos
PREVIOUS EMPLOYER (TO COVER 5 YEARS)	ADDRESS	CITY	STATE	ZIP	PHONE	HOW LONG Years Mos	
	ADDRESS	CITY	STATE	ZIP	PHONE	HOW LONG Years 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) \$ \_\_\_\_\_

**Add Total Monthly Income here:** \$ \_\_\_\_\_

## 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.	AGES OF DEPENDENTS	MARITAL STATUS <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Separated
ADDRESS	CITY	STATE	ZIP	HOME PHONE	HOW LONG Years Mos	LIVED IN COMMUNITY? Years Mos	
PREVIOUS ADDRESSES (To cover 5 years residence)	CITY	STATE	ZIP	HOME PHONE	HOW LONG Years Mos	LIVED IN COMMUNITY? Years Mos	
	CITY	STATE	ZIP	HOME PHONE	HOW LONG Years Mos	LIVED IN COMMUNITY? Years Mos	
OCCUPATION OR RANK	PRESENT EMPLOYER	ADDRESS	CITY	STATE	ZIP	PHONE	HOW LONG Years Mos
PREVIOUS EMPLOYER (TO COVER 5 YEARS)	ADDRESS	CITY	STATE	ZIP	PHONE	HOW LONG Years Mos	
	ADDRESS	CITY	STATE	ZIP	PHONE	HOW LONG Years 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) \$ \_\_\_\_\_

**Add Total Monthly Income here:** \$ \_\_\_\_\_

**Continue Form on next page**

**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.)

<input type="checkbox"/> Own <input type="checkbox"/> Rent		LANDLORD OR MORTGAGE HOLDER	ADDRESS				ACCOUNT NO.	MORTGAGE BALANCE	PAYMENT, OR RENT	
DATE HOME PURCHASED	AGE OF HOME	PRICE PAID FOR HOME		MARKET VALUE		2 <sup>ND</sup> MORTGAGE	PAYMENT			
TYPE OF CREDIT	COMPANY NAME OF ALL OBLIGATIONS	ACCOUNT NO.	STATUS	ADDRESS	CITY	STATE	ZIP	BALANCE	HIGH	MO. PAYMENT OR DATE CLOSED
NA	NA	NA	<input type="checkbox"/> Open <input type="checkbox"/> Closed	NA				NA	NA	NA
NA	NA	NA	<input type="checkbox"/> Open <input type="checkbox"/> Closed	NA				NA	NA	NA
NA	NA	NA	<input type="checkbox"/> Open <input type="checkbox"/> Closed	NA				NA	NA	NA
PRESENT VEHICLE FINANCED BY / LEASED BY:		ACCOUNT NO.	ADDRESS			CITY	STATE	ZIP	MO. PAYMENT	
BANK REFERENCE # 1		ACCOUNT NO.	TYPE	BRANCH / ADDRESS		CITY	STATE	ZIP	BALANCE	
			<input type="checkbox"/> Checking <input type="checkbox"/> Savings							
BANK REFERENCE # 2		ACCOUNT NO.	TYPE	BRANCH / ADDRESS		CITY	STATE	ZIP	BALANCE	
			<input type="checkbox"/> Checking <input type="checkbox"/> Savings							
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	MILITARY RESERVE	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Active <input type="checkbox"/> Inactive		
PERSONAL FRIENDS KNOWN OVER ONE YEAR	ADDRESS	CITY	STATE	ZIP	PHONE					

**INSURANCE - NOTE:** 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.

INSURANCE COMPANY OR AGENT	ADDRESS	PHONE	WHERE WILL VEHICLE BE GARAGED?	POLICY No.
Has your insurance ever been cancelled 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 other 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 OR 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): \_\_\_\_\_

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

**X** \_\_\_\_\_  
APPLICANT'S SIGNATURE

**X** \_\_\_\_\_  
CO-APPLICANT'S SIGNATURE

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**After completion, submit application with your signature(s).**