

BMW Financial Services

Consumer Credit Application



PRIMARY PERSONAL INFORMATION

PERSONAL INFORMATION	Social Security Number		Last Name		First Name		Middle Initial	Jr./Sr.
	Date of Birth		Home Phone		E-Mail			
	Present Address		City	State	Zip	County	How Long? Yrs. Mos.	
	Previous Address		City	State	Zip	County	How Long? Yrs. Mos.	
	Nearest Relative Not Living with you - Last Name		First Name		Home Phone			
EMPLOYMENT	Employer Name		Employer Phone		Years of Service Yrs. Mos.	Occupation		
	Business Address		City	State	Zip	Gross Annual \$		
	Previous Employer		Employer Phone		Years of Service Yrs. Mos.	Occupation		
	Other Annual Income		Source of Annual Income			Self Employed		
	Education Background (Highest Level) <input type="checkbox"/> High School <input type="checkbox"/> 2 Yr. College <input type="checkbox"/> 4 Yr. College <input type="checkbox"/> Graduate School							
FINANCE	Residence <input type="checkbox"/> Mortgage <input type="checkbox"/> With Relatives <input type="checkbox"/> Renting <input type="checkbox"/> Own Free & Clear			Monthly Payment		Personal Finance <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
	Have You Ever Obtained Credit Under a Different Name? <input type="checkbox"/> No <input type="checkbox"/> Yes (List Names)				Have you Ever Filed Bankruptcy? <input type="checkbox"/> No <input type="checkbox"/> Yes (Date / /)			

CO-APPLICANT PERSONAL INFORMATION

PERSONAL INFORMATION	Social Security Number		Last Name		First Name		Middle Initial	Jr./Sr.
	Date of Birth		Home Phone		E-Mail			
	Present Address		City	State	Zip	County	How Long? Yrs. Mos.	
	Previous Address		City	State	Zip	County	How Long? Yrs. Mos.	
	Nearest Relative Not Living with you - Last Name		First Name		Home Phone			
EMPLOYMENT	Employer Name		Employer Phone		Years of Service Yrs. Mos.	Occupation		
	Business Address		City	State	Zip	Gross Annual \$		
	Previous Employer		Employer Phone		Years of Service Yrs. Mos.	Occupation		
	Other Annual Income		Source of Annual Income			Self Employed		
	Education Background (Highest Level) <input type="checkbox"/> High School <input type="checkbox"/> 2 Yr. College <input type="checkbox"/> 4 Yr. College <input type="checkbox"/> Graduate School							
FINANCE	Residence <input type="checkbox"/> Mortgage <input type="checkbox"/> With Relatives <input type="checkbox"/> Renting <input type="checkbox"/> Own Free & Clear			Monthly Payment		Personal Finance <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
	Have You Ever Obtained Credit Under a Different Name? <input type="checkbox"/> No <input type="checkbox"/> Yes (List Names)				Have you Ever Filed Bankruptcy? <input type="checkbox"/> No <input type="checkbox"/> Yes (Date / /)			

Applicant Signature _____

Date _____

Co_Applicant Signature _____

Date _____