

INCOME

Joint Applicant or other party'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 oral understanding Amount \$ _____
 Amount of other monthly income and source(s) \$ _____

TOTAL GROSS MONTHLY INCOME \$ _____

SECTION 3. Asset and Debt Information:

(If Section 2 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 2 was not completed, only give information about the Applicant in this Section.)

<input type="checkbox"/> OWN HOME <input type="checkbox"/> RENTING <input type="checkbox"/> LIVING WITH RELATIVES	LANDLORD OR MORTGAGE HOLDER		RENT/MORTGAGE PYMT. \$ _____
	CITY	STATE	PHONE () _____ 2ND MORTGAGE PYMT. \$ _____

Please provide any additional credit information not listed on your credit report you would like considered as a part of this credit Application.

TYPE OF CREDIT	NAME OF COMPANY	NAME IN WHICH ACCOUNT IS CARRIED	BALANCE		MONTHLY PAYMENTS OR DATE CLOSED
			OPEN	HIGH	
			<input type="checkbox"/> OPEN <input type="checkbox"/> CLOSED	\$ _____	\$ _____
			<input type="checkbox"/> OPEN <input type="checkbox"/> CLOSED	\$ _____	\$ _____
				\$ _____	\$ _____

Previous TFS Credit? <input type="checkbox"/> YES <input type="checkbox"/> NO	LAST VEHICLE PURCHASED (MAKE, MODEL, YEAR)	FINANCED BY	\$ _____
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BANK REFERENCE	BRANCH ADDRESS	<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	ACCOUNT NO.
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HAVE YOU EVER HAD ANY PROPERTY REPOSSESSED? <input type="checkbox"/> YES <input type="checkbox"/> NO	DO YOU HAVE ANY SUITS PENDING AGAINST YOU? <input type="checkbox"/> YES <input type="checkbox"/> NO	HAVE YOU FILED BANKRUPTCY IN THE LAST 10 YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO
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MINIMUM PHYSICAL DAMAGE INSURANCE IS REQUIRED FOR THE FULL TERM OF THE INSTALLMENT CONTRACT to protect all interests thereunder against collision, fire-theft and the additional hazards covered by Combined Additional Coverage. **YOU MAY CHOOSE THE PERSON THROUGH WHICH ANY OF THIS INSURANCE IS OBTAINED.**

MAINE, NEW YORK AND OHIO RESIDENTS: SEE THE REVERSE SIDE OF THIS APPLICATION FOR FURTHER IMPORTANT DISCLOSURES AND INFORMATION.

FAIR CREDIT REPORTING ACT DISCLOSURE

This application for credit sale will be submitted to TMCC at 810 Crescent Center Dr., Suite 500, Franklin, TN 37067 for purchase or consideration as to whether it meets purchase requirements.

I certify that the above information is complete and accurate. You are authorized to investigate my credit and employment history and to release information about your credit experience with me. I have received a copy of this Credit Application.

MONTHLY PAYMENT DATE DESIRED BY CUSTOMER <input type="checkbox"/>	CUSTOMER SIGNS X	CO-APPLICANT SIGNS (ONLY IF BOX c. CHECKED) X	DATE: _____
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TO BE COMPLETED	SPECIAL PROGRAM	<input type="checkbox"/> RETAIL <input type="checkbox"/> LEASE <input type="checkbox"/> BALLOON
	<input type="checkbox"/> NEW YEAR MAKE	TOTAL CASH PRICE/CAP COST \$ _____
	<input type="checkbox"/> CERTIFIED	LESS: NET TRADE CASH DOWN/CAP COST REDUCTION \$ _____ - \$ _____
	<input type="checkbox"/> USED	(TOTAL DOWN PYMT)
	MODEL NO./NAME MILEAGE	UNPAID BALANCE = \$ _____
	<input type="checkbox"/> AUTOMATIC TRANS. <input type="checkbox"/> POWER STEERING <input type="checkbox"/> POWER WINDOWS <input type="checkbox"/> AIR CONDITIONING <input type="checkbox"/> OTHER: _____ <input type="checkbox"/> LEATHER INTERIOR <input type="checkbox"/> ABS BRAKES <input type="checkbox"/> POWER SEATS <input type="checkbox"/> CD PLAYER <input type="checkbox"/> OTHER: _____	PLUS INSURANCE AND ALL OTHER CHARGES + \$ _____
TRADE-IN MODEL NO./NAME YEAR	TOTAL AMOUNT FINANCED/NET CAP COST: = \$ _____	
TERM OF CONTRACT _____ MOS. PAYMENT AMOUNT \$ _____	RESIDUAL VALUE (LEASE ONLY) \$ _____	
	<input type="checkbox"/> INV <input type="checkbox"/> AWV <input type="checkbox"/> MSRP \$ _____	