

DEALER NAME: _____

MONTHLY PAYMENT
DATE DESIRED
BY CUSTOMER: _____

Lease Purchase Account # _____ Amount Requested \$ _____ CAP Cost \$ _____ MSRP \$ _____

STANDARD CREDIT APPLICATION

Before completing this form please read the directions carefully. (Check appropriate box)

- If you are applying for individual credit and relying on your own assets and income, please complete Section A only. However, if you are relying on income from alimony, child support, or the income or assets of another person as the basis for repayment, complete Sections A and B.
- If you are married and live in a community property state, please complete Sections A and B.
- If this is a joint credit application, please complete Sections A and B.

Date: _____

Dealer Name _____

Dealer's # _____

Salesperson _____

Phone No. _____

Stock # _____

PRINT FULL NAME	FIRST	MIDDLE	LAST	SR	SOCIAL SECURITY NO.	DATE OF BIRTH	HOME PHONE
				JR			()
PRESENT ADDRESS	NUMBER AND STREET		CITY		COUNTY	STATE	ZIP
							LIVED THERE YEARS MONTHS
RENT BY MO. LEASE OWN	LANDLORD OR MORTGAGE HOLDER NAME					Unmarried Married Separated	No. of Dependents
					MO. PAYMENT OR RENT \$		
PREVIOUS HOME ADDRESS IF LESS THAN 5 YEARS	NUMBER AND STREET		CITY		COUNTY	STATE	ZIP
							LIVED THERE YEARS MONTHS
EMPLOYED BY SELF OTHERS	NAME		BUSINESS ADDRESS, NUMBER AND STREET		CITY	STATE	HOW LONG YEARS MONTHS
							BUS. PHONE NO. ()
TRADE OR OCCUPATION	GROSS SALARY OR WAGES		NAME OF PREVIOUS EMPLOYER			ADDRESS	
							NO. YEARS

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

TYPE OF OTHER INCOME	SOURCE	GROSS AMOUNT \$	WEEK MONTH YEAR
NAME AND ADDRESS OF PARENTS OR NEAREST RELATIVE NOT LIVING WITH ME		NAME	ADDRESS
NAME AND ADDRESS OF PERSONAL FRIEND		NAME	ADDRESS
BANK ACCOUNT	NAME OF BANK	BRANCH NAME AND CITY	CHECKING SAVINGS NO ACCOUNT
YOUR OPERATORS LICENSE NO.		STATE	
LAST CAR FINANCED	NAME OF CREDITOR	BALANCE DUE OR DATE PAID	TRADING IN THIS CAR? <input type="checkbox"/> Yes <input type="checkbox"/> No
INSURANCE COMPANY		POLICY NO./EXP. DATE	

COVERAGE: DED. COLL. LIABILITY COMP. OTHER

CREDIT REFERENCES OR INSTALLMENT OBLIGATIONS: INCLUDE FINANCE COMPANIES, BANKS, CREDIT CARDS, CHARGE ACCOUNTS . . . INCLUDE NAME(S) OF APPLICANT IN WHICH CREDIT CAN BE VERIFIED, IF OTHER THAN SHOWN ABOVE.

NAME OF CREDITOR	ADDRESS	ACCOUNT NO.	BALANCE \$

THE CAR WILL BE REGISTERED IN NAME OF _____ NUMBER AND STREET _____ CITY _____ STATE _____ OPERATOR'S LICENSE NO. _____

HAS ANY OF YOUR PROPERTY EVER BEEN REPOSSESSED? YES (WHEN) _____ NO

ARE THERE UNSATISFIED JUDGEMENTS (SUITS PENDING) AGAINST YOU? YES NO

HAVE YOU BEEN PERSONALLY INVOLVED IN A BANKRUPTCY PROCEEDING (IN THE LAST 10 YEARS)? YES NO

ARE YOU AN ENDORSER OR GUARANTOR ON ANY OTHER LOAN OR CONTACT? YES NO

MILITARY STATUS: ACTIVE DUTY RESERVE INACTIVE

- A -
YOUR PERSONAL CREDIT HISTORY
- 5 YEAR MINIMUM -

- B - (FOR CO-SIGNER ONLY)
 THE OTHER PARTY'S CREDIT HISTORY
 - 5 YEAR MINIMUM -

PRINT FULL NAME	FIRST	MIDDLE	LAST	SR	SOCIAL SECURITY NO.	DATE OF BIRTH	HOME PHONE ()
PRESENT ADDRESS	NUMBER AND STREET		CITY		COUNTY	STATE	ZIP
RENT BY MO. LEASE OWN	LANDLORD OR MORTGAGE HOLDER NAME						
	MO. PAYMENT OR RENT \$						
PREVIOUS HOME ADDRESS IF LESS THAN 5 YEARS	NUMBER AND STREET		CITY		COUNTY	STATE	ZIP
	LIVED THERE YEARS MONTHS						
EMPLOYED BY SELF OTHERS	NAME		BUSINESS ADDRESS, NUMBER AND STREET		CITY	STATE	HOW LONG YEARS MONTHS
	BUS. PHONE NO. ()						
TRADE OR OCCUPATION	GROSS SALARY OR WAGES		NAME OF PREVIOUS EMPLOYER		ADDRESS		NO. YEARS
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							
TYPE OF OTHER INCOME		SOURCE				GROSS MONTHLY INCOME \$	
BANK ACOCUNT	NAME OF BANK		BRANCH NAME AND CITY		CHECKING SAVINGS NO ACCOUNT	CHECKING ACCOUNT NO.	
YOUR OPERATORS LICENSE NO.			STATE				
CREDIT REFERENCES OR INSTALLMENT OBLIGATIONS: INCLUDE FINANCE COMPANIES, BANKS, CREDIT CARDS, CHARGE ACCOUNTS . . .							
INCLUDE NAME(S) OF APPLICANT IN WHICH CREDIT CAN BE VERIFIED, IF OTHER THAN SHOWN ABOVE.							
NAME OF CREDITOR		ADDRESS			ACCOUNT NO.		BALANCE \$
							\$
							\$

VEHICLE INSURANCE is required for the full term of the Contact, at your expense, against the hazards of fire, theft and accidental physical damage (including collision). This insurance must protect the interests of you and the lender. The policies issued by the insurance company will describe the terms and conditions. **YOU MAY CHOOSE THE PERSON THROUGH WHOM ANY INSURANCE IS OBTAINED.**

I/we certify that the information provided on this application is, to the best of my/our knowledge, complete and accurate. I/we understand that the financial institution(s) will rely on this information to judge my/our credit worthiness, and will retain this application and information about me/us whether or not this application is approved. Futher, I/we authorize an investigation of my/our credit and employment history. I/we authorize the lender to release information about is experience with me/us. I/we understand that false statements may subject me/us to criminal penalties.

FAIR CREDIT REPORTING ACT DISCLOSURE: This application for credit may be submitted by the Dealer to various financial institutions. Before this application is submitted, the Dealer will disclose to me, the name and address of the institution(s) who will receive copies of this application.

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

Applicant's Signature: _____ Date: _____, 20 ____.

Co-Applicant's Signature: _____ Date: _____, 20 ____.

(CHECK WITH APPLIES) INDIVIDUAL PARTNERSHIP CORPORATION

