

Credit Application For use by dealers

CHECK APPROPRIATE BOX CONCERNING CREDIT REQUEST:

- 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 a basis of repayment of the credit requested.
 This is an application for joint credit with another person. WE INTEND TO APPLY FOR JOINT CREDIT. PLEASE INITIAL HERE: APPLICANT _____ CO-APPLICANT _____
 You are applying for individual credit, but are relying on the income or assets of another person as the basis for repayment of the credit requested.

White - Bank
Yellow - Dealer

APPLICANT

NAME (PRINT)			SOCIAL SECURITY NO.			DATE OF BIRTH		HOME PHONE		
ADDRESS			CITY		STATE		ZIP		COUNTY	TIME AT THIS ADD. YRS. MOS.
NO. OF DEPS.	AGES	OWN HOME <input type="checkbox"/> YES <input type="checkbox"/> NO	AMT. OF MORTGAGE	MO. PYMT. OR RENT	MORTGAGE HOLDER OR LANDLORD					
PREVIOUS ADDRESS			CITY		STATE		ZIP		COUNTY	TIME AT PREV. AD. YRS. MOS.
PRESENT EMPLOYER (NAME AND ADDRESS)						BUSINESS PHONE		YEARS EMPLOYED		DEPARTMENT
OCCUPATION			INCOME PER MONTH	UNION OR LOCAL NO.	SOURCE AND AMOUNT OF OTHER INCOME (DO NOT DISCLOSE ALIMONY, CHILD SUPPORT OR SEPARATE MAINTENANCE PAYMENTS)					
PREVIOUS EMPLOYER (NAME AND ADDRESS)						PREV. OCCUPATION		PREV. YRS. EMP.		
YOU NEED NOT REVEAL INCOME FROM ALIMONY, CHILD SUPPORT OR MAINTENANCE PAYMENTS IF YOU DO NOT CHOOSE TO DO SO IN APPLYING FOR CREDIT, HOWEVER, IF YOU DO CHOOSE TO REVEAL SUCH INCOME, PLEASE COMPLETE THIS SECTION.										
AMOUNT OF INCOME FROM CHILD SUPPORT, ALIMONY OR MAINTENANCE PAYMENTS					HOW LONG RECEIVED			NAME OF PAYOR		
\$					YEARS:		MONTHS:			
ADDRESS OF PAYOR			CITY		STATE		ZIP			

CO-APPLICANT

COMPLETE THIS SECTION ONLY IF (1) CO-APPLICANT WILL BE CONTRACTUALLY LIABLE TO BANK ON THE ACCOUNT, OR (2) APPLICANT IS RELYING ON CO-APPLICANT'S INCOME AS A BASIS FOR REPAYMENT OF ACCOUNT.

NAME (PRINT)			SOCIAL SECURITY NO.			DATE OF BIRTH		HOME PHONE		
ADDRESS			CITY		STATE		ZIP		COUNTY	TIME AT THIS ADD. YRS. MOS.
NO. OF DEPS.	AGES	OWN HOME <input type="checkbox"/> YES <input type="checkbox"/> NO	AMT. OF MORTGAGE	MO. PYMT. OR RENT	MORTGAGE HOLDER OR LANDLORD					
PREVIOUS ADDRESS			CITY		STATE		ZIP		COUNTY	TIME AT PREV. AD. YRS. MOS.
PRESENT EMPLOYER (NAME AND ADDRESS)						BUSINESS PHONE		YEARS EMPLOYED		DEPARTMENT
OCCUPATION			INCOME PER MONTH	UNION OR LOCAL NO.	SOURCE AND AMOUNT OF OTHER INCOME (DO NOT DISCLOSE ALIMONY, CHILD SUPPORT OR SEPARATE MAINTENANCE PAYMENTS)					
PREVIOUS EMPLOYER (NAME AND ADDRESS)						PREV. OCCUPATION		PREV. YRS. EMP.		
YOU NEED NOT REVEAL INCOME FROM ALIMONY, CHILD SUPPORT OR MAINTENANCE PAYMENTS IF YOU DO NOT CHOOSE TO DO SO IN APPLYING FOR CREDIT, HOWEVER, IF YOU DO CHOOSE TO REVEAL SUCH INCOME, PLEASE COMPLETE THIS SECTION.										
AMOUNT OF INCOME FROM CHILD SUPPORT, ALIMONY OR MAINTENANCE PAYMENTS					HOW LONG RECEIVED			NAME OF PAYOR		
\$					YEARS:		MONTHS:			
ADDRESS OF PAYOR			CITY		STATE		ZIP			

APPLICANT

CREDIT REFERENCES (NAME AND ADDRESS)	ACCT. IN NAME OF	OPEN OR CLOSED	BALANCE OWING	AMT. OF PAYMENT
BANK REFERENCE (NAME AND CITY) <input type="checkbox"/> CHECKING <input type="checkbox"/> CREDIT LINE <input type="checkbox"/> LOANS <input type="checkbox"/> SAVINGS				
NEAREST RELATIVE NOT LIVING WITH YOU (NAME & ADDRESS)				
FIRST PERSONAL REFERENCE (NAME AND ADDRESS)			SECOND PERSONAL REFERENCE (NAME AND ADDRESS)	

STATEMENT OF TRANSACTION (DEALER USE ONLY)	AGREEMENT TO FURNISH INSURANCE
DESCRIPTION OF GOODS SOLD	I HEREBY AGREE TO FURNISH TO DEALER OR TO SUCH PERSON AS DEALER M...
CASH PRICE + SALES TAX + LICENSE \$	DESIGNATE A _____ MONTH POLICY OF INSURANCE WITH THE COVERAGE LISTED BELOW. SUCH POLICY TO BE ENDORSED WITH A "LONG FORM LOSS PAYABLE ENDORSEMENT" IN FAVOR OF DEALER OR SUCH PERSON AS DEALER MAY DESIGNATE
LESS CASH DOWN PAYMENT -	COVERAGE <input type="checkbox"/> FIRE, THEFT <input type="checkbox"/> COMPREHENSIVE <input type="checkbox"/> COLLISION DEDUCTIBLE
LESS TRADE IN OR DISCOUNT (DESCRIBE) -	INSURANCE COMPANY NAME
UNPAID BALANCE	POLICY NUMBER
PLUS PAYOFF (OWING TO) +	INSURANCE AGENT NAME
TOTAL TO FINANCE \$	INSURANCE AGENT ADDRESS
DEALER NAME	TERMS
PREF. PAY DATE	INSURANCE AGENT PHONE NO.
	VERIFIED BY
I CERTIFY THAT THE INFORMATION GIVEN IS TRUE, CORRECT AND COMPLETE AND IS GIVEN FOR THE PURPOSE OF OBTAINING CREDIT AND YOU AND ANY OTHER CREDITOR OR PROSPECTIVE CREDITOR OF THE UNDERSIGNED OR ANY AGENCY EMPLOYED BY YOU OR ANY OF THEM ARE AUTHORIZED TO MAKE INVESTIGATIONS CONCERNING THE UNDERSIGNED OR CONCERNING THE ABOVE INFORMATION AND TO DISCLOSE TO EACH OTHER THE INFORMATION SET FORTH ABOVE AND THE RESULTS OF SUCH INVESTIGATIONS.	

CREDIT DISCLOSURE

THE LENDER MAY NOT CONDITION AN EXTENSION OF CREDIT ON EITHER:
 (1) MY PURCHASE OF AN INSURANCE PRODUCT OR ANNUITY FROM THE LENDER OR ANY OF ITS AFFILIATES; OR
 (2) MY AGREEMENT NOT TO OBTAIN, OR A PROHIBITION ON ME FROM OBTAINING, AN INSURANCE PRODUCT OR ANNUITY FROM AN UNAFFILIATED ENTITY.

APPLICANT SIGNATURE X	CO-APPLICANT SIGNATURE X	DATE
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