

BUYER'S CREDIT INFORMATION (AUTO) If this is an INDIVIDUAL application, complete the information under SECTION (A) If this is a JOINT application, complete both SECTIONS (A) and (B). NOTE: if married, the spouse is not required to be the JOINT applicant.

APP.# \_\_\_\_\_ C/S \_\_\_\_\_

(A) APPLICANT INFORMATION				(B) JOINT APPLICANT INFORMATION											
PRINT FULL NAME		LAST	FIRST	MIDDLE	PRINT FULL NAME		LAST	FIRST	MIDDLE						
DATE OF BIRTH		SS#	NO. OF FINANCIAL DEPENDENTS INC. SELF		DATE OF BIRTH		SS#	NO. OF FINANCIAL DEPENDENTS INC. SELF							
STREET ADDRESS			CITY	STATE	ZIP	STREET ADDRESS			CITY	STATE	ZIP				
HOW LONG AT ADDRESS?		YRS.	MOS.	HOME PHONE ( )	HOW LONG AT ADDRESS?		YRS.	MOS.	HOME PHONE ( )						
CELL PHONE ( )		PAGER ( )			CELL PHONE ( )		PAGER ( )								
EMAIL:					EMAIL:										
RESIDENTIAL <input type="checkbox"/> HOME OWNER		<input type="checkbox"/> LIVE WITH PARENTS		<input type="checkbox"/> OTHER		MO. RENT OR MTG. PMT. \$		RESIDENTIAL <input type="checkbox"/> HOME OWNER		<input type="checkbox"/> LIVE WITH PARENTS		<input type="checkbox"/> OTHER		MO. RENT OR MTG. PMT. \$	
STATUS: <input type="checkbox"/> RENTER		OR RELATIVES						STATUS: <input type="checkbox"/> RENTER		OR RELATIVES					
LANDLORD OR MORTGAGE HOLDER'S NAME					LANDLORD OR MORTGAGE HOLDER'S NAME										
PREVIOUS (if less than 2 years at present address) ADDRESS:					PREVIOUS (if less than 2 years at present address) ADDRESS:										
EMPLOYER'S NAME		EMPLOYER'S BUSINESS		SELF EMPLOYED <input type="checkbox"/> NO <input type="checkbox"/> YES		EMPLOYER'S NAME		EMPLOYER'S BUSINESS		SELF EMPLOYED <input type="checkbox"/> NO <input type="checkbox"/> YES					
EMPLOYER'S ADDRESS					EMPLOYER'S ADDRESS										
GROSS MONTHLY SALARY \$		WORK PHONE ( )			GROSS MONTHLY SALARY \$		WORK PHONE ( )								
JOB TITLE OR OCCUPATION		HOW LONG		YRS.	MOS.	JOB TITLE OR OCCUPATION		HOW LONG		YRS.	MOS.				
PREV. (if less than 2 years with present employer) EMP.		HOW LONG		YRS.	MOS.	PREV. (if less than 2 years with present employer) EMP.		HOW LONG		YRS.	MOS.				

**OTHER INCOME NOTE:** ALIMONY, CHILD SUPPORT OR SEPARATE MAINTENANCE INCOMES DO NOT HAVE TO BE REVEALED UNLESS THE APPLICANT WISHES TO HAVE SUCH SOURCES CONSIDERED AS A BASIS FOR REPAYMENT OF THE REQUESTED CREDIT.

(A) SOURCE OF OTHER INCOME	AMOUNT \$ MONTHLY	(B) SOURCE OF OTHER INCOME	AMOUNT \$ MONTHLY	TOTAL GROSS \$ MONTHLY INC. (A & B)

**LIST ALL OTHER OBLIGATIONS INCLUDING THE LIABILITY FOR PAYMENT OF ALIMONY, CHILD SUPPORT OR SEPARATE MAINTENANCE, BE SURE TO LIST ALL OPEN ACCOUNTS.**  
Indicate Relationship or Ownership of Account by X-ing the appropriate letter: A- Applicant, B- Joint Applicant and J-Joint Accounts.

NEAREST RELATIVE NAME & ADDRESS	A	B	RELATIVES PHONE NO. ( )

CREDITOR NAME AND ADDRESS	ACCOUNT NO.	CURR. BAL. (\$)	MO. PMT. (\$)
A B J (AUTO)			
A B J			
A B J			
A B J			

CHECKING ACCOUNT (with name and address)	A	B	ACCOUNT NO.
<input type="checkbox"/> SAVINGS <input type="checkbox"/> NOW ACCOUNT (with name and address)			

**VEHICLE TO BE TITLED IN THE NAME(S) OF:** 1. \_\_\_\_\_ 2.. \_\_\_\_\_

- (1) HAVE YOU DECLARED BANKRUPTCY WITHIN THE PAST 10 YEARS? .....  NO  YES 

A	B
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- (2) HAVE YOU HAD ANY JUDGEMENTS, REPOSESSIONS, GARNISHMENTS OR OTHER LEGAL PROCEEDINGS FILED AGAINST YOU WITHIN THE PAST 7 YEARS? .....  NO  YES 

A	B
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- (3) HAVE YOU EVER OBTAINED CREDIT UNDER ANY OTHER NAME(S) ? .....  NO  YES 

A	B
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- NAME(S) USED \_\_\_\_\_

**FAIR CREDIT REPORTING ACT NOTICE TO CONSUMER**

THIS WILL ADVISE YOU THAT YOUR RETAIL INSTALLMENT SALES CONTRACT AND BUYER'S APPLICATION FOR SECURED CREDIT WILL BE SUBMITTED TO THE FOLLOWING INSTITUTION(S) FOR PURCHASE AND CONSIDERATION AS TO WHETHER YOU MEET THEIR CREDIT REQUIREMENTS:

Name / Address \_\_\_\_\_

Name / Address \_\_\_\_\_

I / WE AGREE TO INQUIRE ABOUT THE STATUS OF THIS APPLICATION BY CONTACTING THE FINANCIAL INSTITUTIONS NAMED ABOVE. I / WE UNDERSTAND THAT THIS APPLICATION MAY BE CONSIDERED WITHDRAWN IF I / WE DO NOT INQUIRE ABOUT ITS STATUS WITHIN 30 DAYS OF THE DATE INDICATED BELOW.

I CERTIFY THAT ALL INFORMATION GIVEN BY ME ON THIS APPLICATION IS COMPLETE AND ACCURATE. I GIVE MY PERMISSION FOR ANY FINANCIAL INSTITUTION WHICH WILL REVIEW THIS CREDIT APPLICATION, TO INVESTIGATE MY CREDIT AND EMPLOYMENT HISTORY, AND TO ANSWER QUESTIONS ABOUT CREDIT EXPERIENCE WITH ME.

APPLICANT SIGNATURE **REQUIRED** X \_\_\_\_\_ DATE \_\_\_\_\_

JOINT APPLICANT'S SIGNATURE **REQUIRED** X \_\_\_\_\_ DATE \_\_\_\_\_

(A) APPLICANT Driver's License No. \_\_\_\_\_ (B) JOINT APPLICANT Driver's License No. \_\_\_\_\_