David Ellis Chrysler Jeep 21422 Roscoe Blvd- Canoga Park- CA-91304- 800-753-9543 CREDIT APPLICATION

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APPLICATION INFORMATION CONTINUED					
Name of a relative not residing with you:					
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City:	State: ZIP Co			Code:	
Relationship:					
CREDIT CARDS					
Name	Account no.	Current balance		Monthly payment	
MORTGAGE COMPANY					
Account no.: Address:					
AUTO LOANS					
Auto loans	Account no.	Balance		Monthly payment	
OTHER LOANS, DEBTS, OR OBLIGATIONS					
Description	Account no.	Amount			
OTHER ASSETS OR SOURCES OF INCOME					
Description Amount per month or va				llue	
I authorize David Ellis Chrysler, Inc. to verify the information provided on this form as to my credit and employment history. By signing below, "you" (the undersigned, jointly and severally): (1) certify the above information to be accurate and complete and intend it to be relied upon by "us" (the creditor and financial institutions receiving this application or to whom the credit is assigned) to judge creditworthiness; (2) authorize us to retain as our property this application and all related materials whether or not credit is extended; (3) certify that the vehicle will not be used for an illegal purpose; (4) authorize us and our affiliates to obtain consumer credit reports and investigation of your credit and employment history in connection with this application and any update, review, collection or modification of the credit extended and to answer questions about our credit experience with you consistent with the applicable law and out privacy policy; (5) AUTHORIZE INFORMATION ABOUT YOU INCLUDING CREDIT INFORMATION TO BE SHARED WITH ENTITIES THAT ARE RELATED TO US BY COMMON OWNERSHIP OR AFFILIATED WITH US BY COMMON CONTROL UNLESS THE FOLLOWING CIRCLE IS MARKED, WHICH MEANS YOU DIRECT US NOT TO SHARE SUCH INFORMATION WITH THEM(OTHER THAN INFORMATION THAT MAY LEGALLY BE SHARED IN ANY EVENT, SUCH AS INFORMATION ABOUT OUR OWN TRANSACTIONS AND EXPERIENCES WITH YOU)O; (6) agree to notify us in writing of changes in name, address and other information provided above; and(7) ACKNOWLEDGE RECEIPT OF A COPY OF THIS APPLICATION AND OF DEALER'S NOTICE OF PRIVACY POLICY.					
Signature of applicant				Date	
Signature of co-applicant, if for joint account				Date	

Please fill out the above information and fax to (818) 703-0066