

SECTION A

CREDIT APPLICATION

IMPORTANT: READ THESE DIRECTIONS BEFORE COMPLETING THIS APPLICATION

(Purchase / Lease)

(Check appropriate box below)

- If you are applying for individual credit in your own name, are not married (or not a resident of a community property state), and are not relying on alimony, child support, or separate maintenance payments or on the income or assets of another person as the basis for repayment of the credit requested, complete all sections except Section C.
- In all other situations, complete all sections and, in Sections C and D, include information about the joint applicant, your spouse, or other person on whose alimony, support, or maintenance payment or income or assets you are relying.
- If you intend to apply for joint credit, please initial here.

APPLICANT

JOINT APPLICANT

NOTE: APPLICANT, IF MARRIED, MAY APPLY FOR A SEPARATE ACCOUNT.

SELLER	STOCK NO.	V.I.N.	DATE	AMOUNT REQUESTED \$ _____
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SECTION B. Information Regarding Applicant:

E-MAIL ADDRESS:			CELL PHONE:				
LAST NAME (PRINT)	FIRST	INITIAL	BIRTHDATE	DRIVER'S LIC NO.	SOCIAL SECURITY NO./FED. TAX ID. NO.	AGES OF DEPENDENTS	<input type="checkbox"/> MARRIED <input type="checkbox"/> UNMARRIED <input type="checkbox"/> SEPARATED
ADDRESS		CITY	STATE	ZIP	HOME PHONE		HOW LONG AT THIS ADDRESS? YRS. MOS.
PREVIOUS ADDRESSES (TO COVER 5 YEARS' RESIDENCE)		CITY	STATE	ZIP	HOW LONG? YRS. MOS.	LIVED IN THE COMMUNITY? YRS. MOS.	
		CITY	STATE	ZIP	HOW LONG? YRS. MOS.	LIVED IN THE COMMUNITY? YRS. MOS.	
PRESENT EMPLOYER		OCCUPATION OR RANK		DEPT OR BADGE#		HOW LONG EMPLOYED? YRS. MOS.	
PRESENT EMPLOYER'S ADDRESS		CITY	STATE	ZIP	WORK PHONE		
PREVIOUS EMPLOYMENT (TO COVER 5 YEAR HISTORY)		ADDRESS	CITY	STATE	ZIP	PHONE	HOW LONG EMPLOYED? YRS. MOS.
		ADDRESS	CITY	STATE	ZIP	PHONE	HOW LONG EMPLOYED? YRS. MOS.
NEAREST RELATIVE NOT LIVING WITH APPLICANT		ADDRESS	CITY	STATE	ZIP	PHONE	RELATIONSHIP

INCOME:

Applicant'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)..... \$ _____

SECTION C. Information Regarding Spouse (in community property states), or Co-Applicant (Use separate sheets if necessary)

TOTAL MONTHLY INCOME \$ _____

LAST NAME (PRINT)	FIRST	INITIAL	BIRTHDATE	DRIVER'S LIC NO.	SOCIAL SECURITY NO./FED. TAX ID. NO.	AGES OF DEPENDENTS	<input type="checkbox"/> MARRIED <input type="checkbox"/> UNMARRIED <input type="checkbox"/> SEPARATED
ADDRESS		CITY	STATE	ZIP	HOME PHONE		HOW LONG AT THIS ADDRESS? YRS. MOS.
PREVIOUS ADDRESSES (TO COVER 5 YEARS' RESIDENCE)		CITY	STATE	ZIP	HOW LONG? YRS. MOS.	LIVED IN THE COMMUNITY? YRS. MOS.	
		CITY	STATE	ZIP	HOW LONG? YRS. MOS.	LIVED IN THE COMMUNITY? YRS. MOS.	
PRESENT EMPLOYER		OCCUPATION OR RANK		DEPT OR BADGE#		HOW LONG EMPLOYED? YRS. MOS.	
PRESENT EMPLOYER'S ADDRESS		CITY	STATE	ZIP	WORK PHONE		
PREVIOUS EMPLOYMENT (TO COVER 5 YEAR HISTORY)		ADDRESS	CITY	STATE	ZIP	PHONE	HOW LONG EMPLOYED? YRS. MOS.
		ADDRESS	CITY	STATE	ZIP	PHONE	HOW LONG EMPLOYED? YRS. MOS.
NEAREST RELATIVE NOT LIVING WITH APPLICANT		ADDRESS	CITY	STATE	ZIP	PHONE	RELATIONSHIP

INCOME:

Co-Applicant'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)..... \$ _____

SECTION D. Asset and Debt Information: List all Debts including Alimony, Child Support, Separate Maintenance. (Use a Separate Page if Necessary) TOTAL MONTHLY INCOME \$ _____

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

LANDLORD OR MORTGAGE HOLDER (APPLICANT)	ADDRESS	ACCOUNT NO.	MORTGAGE BALANCE	PYMNT. OR RENT		
OWN <input type="checkbox"/>			\$	\$		
RENT <input type="checkbox"/>						
LANDLORD OR MORTGAGE HOLDER (CO-APPLICANT)	ADDRESS	ACCOUNT NO.	MORTGAGE BALANCE	PYMNT. OR RENT		
OWN <input type="checkbox"/>			\$	\$		
RENT <input type="checkbox"/>						
DATE HOME PURCHASED	AGE OF HOME	PRICE PAID FOR HOME	ESTIMATED VALUE	2ND MORTGAGE BALANCE		
				\$		
				PAYMENT		
				\$		
FURNITURE OWNED-NO. ROOMS:	TO WHOM BALANCE OF FURNITURE OWED:		BALANCE OWED:	ESTIMATED VALUE:		
			\$	\$		
TYPE OF CREDIT	COMPANY NAME OF ALL OBLIGATIONS	ACCOUNT NUMBER <input type="checkbox"/> OPEN <input type="checkbox"/> CLOSED	ADDRESS	BALANCE	HIGH	MONTHLY PYMNTS OR DATE CLOSED
		NAME IN WHICH ACCT. CARRIED		\$	\$	\$
		ACCOUNT NUMBER <input type="checkbox"/> OPEN <input type="checkbox"/> CLOSED		\$	\$	\$
		NAME IN WHICH ACCT. CARRIED		\$	\$	\$
		ACCOUNT NUMBER <input type="checkbox"/> OPEN <input type="checkbox"/> CLOSED		\$	\$	\$
		NAME IN WHICH ACCT. CARRIED		\$	\$	\$

PRESENT VEHICLE FINANCED BY / LEASED BY	ADDRESS	ACCOUNT NO.	\$
PRESENT VEHICLE FINANCED BY / LEASED BY	ADDRESS	ACCOUNT NO.	\$

BANK REFERENCE	BRANCH	ACCT. NO.	<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/> LOAN	BALANCE \$ BALANCE \$ BALANCE \$
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HAVE YOU EVER HAD ANY PROPERTY REPOSSESSED WITHIN THE PAST 7 YEARS?	<input type="checkbox"/> YES <input type="checkbox"/> NO	DO YOU HAVE ANY LAWSUITS PENDING AGAINST YOU?	<input type="checkbox"/> YES <input type="checkbox"/> NO	HAVE YOU FILED BANKRUPTCY IN THE PAST 4 YEARS?	<input type="checkbox"/> YES <input type="checkbox"/> NO	MILITARY RESERVE	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> ACTIVE <input type="checkbox"/> INACTIVE
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HAVE YOU EVER APPLIED FOR CREDIT IN ANOTHER NAME?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES WHAT NAME:
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PERSONAL FRIENDS KNOWN OVER ONE YEAR	ADDRESS	CITY	STATE	ZIP	PHONE
1.					
2.					

SECTION E. INSURANCE-IF YOU WISH TO APPLY FOR VEHICLE INSURANCE IN CONNECTION WITH THIS CREDIT APPLICATION, COMPLETE THE FOLLOWING:

Notice: No person is required as a condition precedent to financing the purchase of a vehicle to purchase insurance through a particular insurance company, agent or broker.

PREVIOUS INSURANCE CO. OR AGENT (NAME AND ADDRESS)	WHERE WILL VEHICLE BE GARAGED?	POLICY NO.
HAS YOUR INSURANCE EVER BEEN CANCELLED BY ANY COMPANY? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO WHY?	NO. OF INSURANCE LOSSES IN PAST 5 YEARS
		TOTAL AMOUNT OF LOSSES \$

SECTION F. The undersigned (1) make the above representations, which are certified to be correct, for the purpose of securing credit; (2) authorize us, the financial institution(s) and our respective affiliates to gather whatever credit and employment history it considers necessary and appropriate to determine creditworthiness; (3) understand that we or any financial institution to whom this application is submitted, will retain this application and all related materials whether or not it is approved, and that it is the applicant's responsibility to provide notice of any change of name, address, or employment; (4) authorize us, the financial institution(s) and our respective affiliates to obtain consumer credit reports and investigate your credit history in connection with this Credit Application and any update, review, collection, or modification of the credit extended and to answer questions about our credit experience with you consistent with your request for financing and applicable law; (5) agree that we and any assignee of the financing contract or lease may try to contact you in writing, by e-mail, or using prerecorded/artificial voice messages, text messages, and automatic telephone dialing systems, as the law allows; and (6) agree that we and any assignee of the financing contract or lease may try to contact you in these and other ways at an address or telephone number that you provided, even if the telephone number is a cell phone number or the contact results in a charge to you.

This Credit Application may be submitted to various financial institution(s), including those named below, in connection with the purchase or approval of a sales finance contract written, or to be written, with your purchase. You are notified pursuant to the Fair Credit Reporting Act that your application may be submitted to them.

FINANCIAL INSTITUTION

ADDRESS

APPLICANT HEREBY ACKNOWLEDGES HAVING READ AND COMPLETED THIS CREDIT APPLICATION.

X
APPLICANT'S SIGNATURE

DATE

X
CO-APPLICANT'S SIGNATURE

DATE

PLEASE SEE THE REVERSE SIDE FOR STATE SPECIFIC NOTICES.

STATE NOTICES

ARIZONA, CALIFORNIA, IDAHO, LOUISIANA, NEVADA, NEW MEXICO, TEXAS, WASHINGTON, OR WISCONSIN RESIDENTS: If you, the applicant, are married and live in a community property state, you should also provide the personal credit information on your spouse in the co-applicant section. Your spouse is not required to be a co-applicant for the credit requested unless he/she wishes to be a co-applicant.

CALIFORNIA RESIDENTS: Regardless of your marital status, you may apply for credit in your name alone.

MAINE RESIDENTS: Consumer reports (credit reports) may be requested in connection with this application. Upon request, you will be informed whether or not a consumer report was requested and, if it was, of the name and address of the consumer reporting agency that furnished the report.

MAINE, RHODE ISLAND OR TENNESSEE RESIDENTS: You must have physical damage insurance covering loss or damage to the vehicle for the term of any contract. For a lease, you must also have the liability insurance described in the lease. You may buy this insurance from anyone you choose. You do not have to buy it from someone affiliated with the dealer or an assignee of the contract. Your choice of insurance will not affect the credit approval process unless the insurance does not satisfy the contract requirements or the insurance company does not satisfy the reasonable standards of the dealer or an assignee of the contract.

NEW HAMPSHIRE RESIDENTS: **If this is an application for balloon financing, you are entitled to receive, upon request, a written estimate of the monthly payment amount that would be required to refinance the balloon payment at the time such payment is due based on the creditor’s existing refinance programs.**

NEW YORK RESIDENTS: Consumer reports may be requested in connection with the processing of your application and any resulting account. Upon request, we will inform you of the names and addresses of any consumer reporting agencies which have provided us with such reports.

OHIO RESIDENTS: Ohio laws against discrimination require that all creditors make credit equally available to creditworthy customers and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio Civil Rights Commission administers compliance with this law.

RHODE ISLAND RESIDENTS: Consumer reports may be requested in connection with this application.

WISCONSIN RESIDENTS:

- Please Indicate: Married
 Unmarried (includes single, divorced, widowed)
 Separated

If married or separated and spouse is not a co-applicant please provide,

Non-applicant spouse’s name _____

Non-applicant spouse’s address _____

Notice: The interest of the creditor will not be adversely affected by a provision of a marital property agreement, a unilateral statement under Wisconsin Statutes §766.59 or a court decree under Wisconsin Statutes §766.70, unless you furnish a copy of such agreement, statement or decree to the creditor, or the credit has actual knowledge of such provision before credit is granted.

NON-APPLICANT SPOUSE’S WAIVER OF NOTICE: I agree to waive notice of any extension of credit in connection with this application.

Non-applicant spouse signs (if available) _____ Date _____

VERMONT RESIDENTS: The creditor may obtain credit reports about you on an ongoing basis in connection with this extension of credit transaction for any one or more of the following reasons: (1) reviewing the account; (2) taking collection action on the account; or (3) any other legitimate purposes associated with the account.