

HOWARD ORLOFF IMPORTS / LANDROVER CHICAGO						DATE
BUSINESS CREDIT APPLICATION STATEMENT						
Legal Name			DBA			
<input type="checkbox"/> Proprietorship		<input type="checkbox"/> Corporation		<input type="checkbox"/> S-Corporation		
<input type="checkbox"/> LLC		<input type="checkbox"/> Partnership		Date Established		
Tax ID #	Annual Gross Profit	Type of Business	Website			
Primary Address: Street		City	County	State	Zip	
Billing Address (if different): Street		City	County	State	Zip	
Phone#	Fax #	Title	Ownership %			
Last Name		First Name		Middle Initial		
Date of Birth	Social Security No.		Driver's License No. & State			
Physical Address		City	State	Zip	Lived There	
				Yrs Mos		
County	Phone No.	Cell Phone No.	Rent / Own / Family	Rent/Mort Payment		
				\$		
Physical Address (if less than 2 years)		City	State	Zip	Lived There	
				Yrs Mos		
Email Address (Personal)			Email Address (Business)			
Current Employer			Current Employer Address			
Occupation	Work Phone No.	Gross Monthly Salary	Time on Job			
		\$			Yrs Mos	
Alimony, child support or separate maintenance income need not be revealed if I do not wish to have it considered as a basis for repaying this obligation.		Secondary Income	Source of Secondary Income			
		\$				
This application may be submitted to the following financial institutions:						
JPMorgan Chase Bank, NA PO Box 901098 Fort Worth, TX 76101-2098			Bank of America NA PO Box 2759 Jacksonville, FL 32203-2759			
US Bank NA PO Box 3427 Oshkosh, WI 54903			Fifth Third Bank PO Box 997548 Sacramento, CA 95898			
Ally Bank PO Box 874 Minneapolis, MN 55440-0874			CPS Inc PO Box 57071 Irvine, CA 92619-7071			
<p>You authorize us to submit this application and any other application submitted in connection with the proposed transaction to the financial institutions disclosed to you by us the dealers. This application will be reviewed by us the dealers. This application will be reviewed by such financial institutions on behalf of themselves and us the dealer. In addition, in accordance with the Fair Credit Reporting Act, you authorize that such financial institutions may submit your applications to other financial institutions for the purpose of fulfilling your request to apply for credit.</p> <p>You agree that we may obtain a consumer credit report periodically from one or more consumer reporting agencies (credit bureaus) in connection with the proposed transaction and any update, renewal, refinancing, modification or extension of that transaction. You also agree that we or any affiliate of ours may obtain one or more consumer credit reports on you at any time whatsoever. If you ask, you will be told whether a credit report was requested, and if so, the name and address of any credit bureau from which we or our affiliate obtained your credit report.</p> <p>I represent that all information contained in this application for credit is true, complete and correct. I authorize you, in determining my eligibility for credit, renewal of credit and future credit extensions, to verify my employment, income and all other information I have provided, and obtain information about me from credit bureaus, other creditors, employers, federal &amp; state records and other third parties. I also authorize you to furnish to other persons, upon request, information concerning my credit and financial transactions or experiences with the bank.</p> <p>By providing you with a telephone number for a cellular phone or other wireless device, I am expressly consenting to receiving communications at that number - including but not limited to prerecorded or artificial voice message calls, text messages, and calls made by an automatic telephone dialing system. This express consent applies to each such telephone number that I provide to you now or in the future and permits such calls regardless of their purpose. These calls and messages may incur access fees from my cellular provider.</p> <p>To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an</p>						
BY SIGNING, YOU CERTIFY THAT YOU HAVE READ AND AGREE TO THE TERMS AND DISCLOSURES OF THIS APPLICATION.						
Applicant Signature:				Date:		
Guarantor Signature:				Date:		