

Hyundai Capital America* Business Credit Application

Identify Business Entity Type

Sole Proprietorship
 Corporation
 Partnership
 Limited Liability Company (LLC)
 Other _____

BUSINESS INFORMATION

Business Name		Business Phone		Federal Tax ID Number	
Business Address		City		State	Zip
Gross Revenue Last Year \$	Profit Last Year (after taxes) \$	Net Worth Last Year \$	Business Type		How Long
Business Checking Account Bank Name		Checking Account Number		Bank Address	
Has the Company had any property repossessed? <input type="checkbox"/> Yes <input type="checkbox"/> No		Does the Company have any pending judgment liens or lawsuits? <input type="checkbox"/> Yes <input type="checkbox"/> No		Has the Company filed bankruptcy in the last 10 years? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Lender that Financed Last Vehicle		Vehicle Financed Since When		Amount Financed \$	
Credit Reference Name	Account Number	Address		Phone	
Credit Reference Name	Account Number	Address		Phone	
Primary Vehicle Operator's Name	Residence Address			Position	Employment Length
Primary Vehicle Operator's Driver's License Number	Vehicle Garaging Address				

List the names of all owners		
Name:	Title:	Percent Ownership:

The undersigned represents to Hyundai Capital America ("HCA") that no part of the proceeds of the credit being applied for will be used for agricultural, personal, family, or household purposes. The undersigned further represents and warrants to HCA that all information contained in this application and in all financial statements or other information provided to HCA is true and correct, and fairly presents in all respects the financial condition of the business as of the date hereof. The undersigned has no knowledge of any liabilities, contingent or otherwise, not reflected in this application or in the financial statements or other data provided to HCA. Since the date of the most recent financial statement provided to HCA, there has been no material adverse change in the financial condition of the business. The undersigned hereby authorizes HCA to make inquiries of, and obtain information from, credit reporting agencies, financial institutions and other third parties concerning the credit, assets, liabilities, financial condition or operations of the business and such other matters as may be deemed necessary or appropriate by HCA in considering this application or any update, renewal or extension thereof, including, without limitation, obtaining a credit report on the business from a credit reporting agency. The undersigned further authorizes HCA to release to third parties from time to time any information disclosed on this application as well as information relating to HCA's transactions with the business.

Signature _____ Print Name _____ Title _____ Date _____

SOLE PROPRIETORS, AND INDIVIDUAL CO-APPLICANT(S) MUST COMPLETE THIS SECTION

Last Name	First Name	Middle Initial	Date of Birth	SSN	<input type="checkbox"/> Married	<input type="checkbox"/> Separated	<input type="checkbox"/> Unmarried
Street Address				Length	# of Dependents	Home Phone Number	
Previous Address (if less than 3 years above)				Length	Length in Area	Driver's License Number	
<input type="checkbox"/> Buying	<input type="checkbox"/> Renting	Landlord / Mortgage Holder		Landlord Phone Number	Mortgage Balance \$	Payment or Rent Amount \$	
<input type="checkbox"/> Living with Others	2nd Mortgage Holder		2nd Mtg Company Phone	2nd Mtg Balance \$	2nd Mortgage Payment Amount \$		
Employer	Employer Street Address			Length	Occupation	Gross Mo. Income \$	
Previous Employer (if less than 3 years above)	Employer Street Address			Length	Occupation		
<input type="checkbox"/> Alimony	<input type="checkbox"/> Child Support	You do not have to reveal alimony, child support, or separate maintenance income if you do not wish to have it considered as a basis for repaying this obligation.					
<input type="checkbox"/> Separate Maintenance	Agreement Type:	<input type="checkbox"/> Court Order	<input type="checkbox"/> Written Agreement	<input type="checkbox"/> Oral Agreement	Monthly Amount \$		
Other Income Source					Monthly Amount \$		
Year, Make and Model of Last Financed Vehicle			Last Vehicle Financed by		<input type="checkbox"/> Open Account	<input type="checkbox"/> Closed Account	Payment Amount \$
Have you ever had any property repossessed? <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 last 10 years? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Nearest Relative Not Living in Household			Address		Relationship	Home Phone Number	
Nearest Relative Not Living in Household			Address		Relationship	Home Phone Number	

I certify that the above information is complete and accurate. I represent to HCA that no part of the proceeds of the credit being applied for will be used for agricultural, personal, family or household purposes. I authorize you to investigate my credit and employment history including, without limitation obtaining a credit report from a consumer reporting agency, and to release information about my credit experience with HCA.

Signature _____ Date _____

Vehicle Purchase Request:							
Year	Make	Model	VIN	Selling Price \$	Trade-In \$	Term	Mo Payment \$

Vehicle Lease Request:							
Adjusted MSRP \$	Cap. Cost Reduction \$	Capitalized Cost \$	Residual Value \$	Est. Annual Miles \$	Security Deposit \$	Term	Mo Payment \$

Dealership Name _____ Agent Name _____ Date _____

*Hyundai Capital America does business as Hyundai Motor Finance, Kia Motors Finance and Genesis Finance. Genesis Finance does business as Genesis Finance USA in Utah. 10293.1.01/14/2020

FAIR CREDIT REPORTING ACT NOTICE:

THIS WILL ADVISE YOU THAT YOUR MOTOR VEHICLE RETAIL INSTALLMENT CONTRACT AND/OR LEASE AGREEMENT AND CREDIT APPLICATION WILL BE SUBMITTED TO HYUNDAI CAPITAL AMERICA, OR OTHER FINANCIAL INSTITUTIONS, FOR CONSIDERATION AS TO WHETHER YOU MEET ITS CREDIT REQUIREMENTS.

NOTICE TO OHIO APPLICANTS:

THE OHIO LAWS AGAINST DISCRIMINATION REQUIRE THAT ALL CREDITORS MAKE CREDIT EQUALLY AVAILABLE TO ALL CREDIT WORTHY 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.

NOTICE TO WISCONSIN APPLICANTS:

NO PROVISIONS OF A MARITAL PROPERTY AGREEMENT, A UNILATERAL STATEMENT WHICH CLASSIFIES THE INCOME ATTRIBUTABLE TO ALL OR CERTAIN OF ONE SPOUSE'S PROPERTY OTHER THAN MARITAL PROPERTY AS INDIVIDUAL PROPERTY, OR A COURT DECREE, WILL ADVERSELY AFFECT THE INTERESTS OF THE CREDITOR UNLESS THE CREDITOR, PRIOR TO THE TIME CREDIT IS GRANTED, IS FURNISHED A COPY OF THE AGREEMENT, STATEMENT OR DECREE, AS THE CASE MAY BE, OR THE CREDITOR HAS ACTUAL KNOWLEDGE OF THE ADVERSE PROVISION WHEN THE OBLIGATION TO THE CREDITOR IS INCURRED.

NOTICE TO CALIFORNIA APPLICANTS:

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

NOTICE TO MAINE APPLICANTS:

NO PERSON IS REQUIRED AS A CONDITION TO FINANCING THE PURCHASE OF A MOTOR VEHICLE TO PURCHASE INSURANCE THROUGH A PARTICULAR INSURANCE COMPANY, AGENT OR BROKER.

NOTICE TO NEW YORK APPLICANTS:

IN CONNECTION WITH YOUR APPLICATION A CONSUMER REPORT MAY BE REQUESTED AND UPON APPLICANT'S REQUEST, APPLICANT WILL BE INFORMED WHETHER OR NOT THE CONSUMER REPORT WAS REQUESTED AND FURNISHED THE NAME AND ADDRESS OF THE CONSUMER REPORTING AGENCY THAT FURNISHED THE REPORT.

NOTICE TO NEW HAMPSHIRE RESIDENTS:

IF YOU ARE APPLYING FOR A BALLOON PAYMENT CONTRACT, YOU ARE ENTITLED, IF YOU ASK, TO RECEIVE A WRITTEN ESTIMATE OF THE MONTHLY PAYMENT AMOUNT FOR REFINANCING THE BALLOON PAYMENT IN ACCORD WITH THE CREDITOR'S EXISTING REFINANCE PROGRAMS. YOU WOULD BE ENTITLED TO RECEIVE THE ESTIMATE BEFORE YOU ENTER INTO A BALLOON PAYMENT CONTRACT. A BALLOON CONTRACT IS AN INSTALLMENT SALES CONTRACT WITH A FINAL SCHEDULED PAYMENT THAT IS AT LEAST TWICE THE AMOUNT OF ONE OF THE EARLIER SCHEDULED EQUAL PERIODIC INSTALLMENT PAYMENTS.

NOTICE TO RHODE ISLAND RESIDENTS:

CONSUMER REPORTS MAY BE REQUESTED IN CONNECTION WITH THIS APPLICATION. BUYER HAS THE RIGHT OF FREE CHOICE IN SELECTING AN INSURER TO PROVIDE INSURANCE REQUIRED IN CONNECTION WITH THIS TRANSACTION SUBJECT TO OUR REASONABLE APPROVAL IN ACCORDANCE WITH APPLICABLE LAW.

NOTICE TO VERMONT RESIDENTS:

YOU AUTHORIZE US AND ANY FINANCIAL INSTITUTION WITH WHICH THIS CREDIT APPLICATION IS SHARED, AND EACH OF THEIR RESPECTIVE EMPLOYEES OR AGENTS, TO OBTAIN AND VERIFY INFORMATION ABOUT YOU (INCLUDING ONE OR MORE CREDIT REPORTS, INFORMATION ABOUT YOUR EMPLOYMENT AND BANKING AND CREDIT RELATIONSHIPS) THAT THEY MAY DEEM NECESSARY OR APPROPRIATE IN EVALUATING YOUR CREDIT APPLICATION. IF YOUR CREDIT APPLICATION IS APPROVED AND CREDIT IS GRANTED, YOU ALSO AUTHORIZE THE PARTIES GRANTING CREDIT OR HOLDING YOUR ACCOUNT, AND THEIR RESPECTIVE EMPLOYEES AND AGENTS, TO OBTAIN ADDITIONAL CREDIT REPORTS AND OTHER INFORMATION ABOUT YOU IN CONNECTION WITH REVIEWING THE ACCOUNT, INCREASING THE AVAILABLE CREDIT ON THE ACCOUNT (IF APPLICABLE), TAKING COLLECTION ON THE ACCOUNT, OR FOR ANY OTHER LEGITIMATE PURPOSE.

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT:

IF APPLICABLE TO YOUR CREDIT TRANSACTION, TO HELP THE GOVERNMENT FIGHT THE FUNDING OF TERRORISM AND MONEY LAUNDERING ACTIVITIES, FEDERAL LAW REQUIRES FINANCIAL INSTITUTION TO OBTAIN, VERIFY, AND RECORD INFORMATION THAT IDENTIFIES EACH PERSON WHO OPENS AN ACCOUNT. WHAT THIS MEANS FOR YOU: WHEN YOU OPEN AN ACCOUNT, YOU WILL BE ASKED FOR YOUR NAME, ADDRESS, DATE OF BIRTH, AND OTHER INFORMATION TO IDENTIFY YOU. YOU MAY ALSO BE ASKED TO SEE YOUR DRIVER'S LICENSE OR OTHER IDENTIFYING DOCUMENTS.