

TO

**MOTOR VEHICLE CREDIT APPLICATION FOR PURCHASE OR LEASE**

Seller	Stock Number	Date	Amount Requested <b>\$</b>
--------	--------------	------	-------------------------------

**IMPORTANT: BEFORE COMPLETING THIS FORM, READ THE DIRECTIONS CAREFULLY: (Check appropriate box at right):**

**Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have them considered as a basis for repaying this obligation.**  
Please complete SECTION B only if you checked one or more of the boxes to the right.

- I, the applicant, am applying for credit in my name only, relying only on my own assets and income. None of the 3 checkbox items below apply to me.
- I, the applicant, intend to rely in whole or in part on the assets or income of another person, the co-applicant, for repayment.
- I, the applicant, am married and live in California or another community property state. Thus, information about my spouse is included.
- The vehicle is being purchased for the use of another person instead of, or in addition to, me, the applicant. Thus, the other person is included as co-applicant.

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

**SECTION A. APPLICANT INFORMATION**

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

<b>I</b>	Applicant's gross monthly income from employment	\$
<b>N</b>	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.	
<b>C</b>	Alimony, child support, separate maintenance received under: court order <input type="checkbox"/> written agreement <input type="checkbox"/> verbal understanding <input type="checkbox"/> Amount	\$
<b>O</b>	Amount of other monthly income and source(s)	\$
<b>M</b>	<b>TOTAL MONTHLY INCOME</b>	\$

**SECTION B. SPOUSE/CO-APPLICANT INFORMATION (Use additional sheet if necessary.)**

LAST NAME (PRINT)	FIRST	INITIAL	BIRTHDATE	DRIVER'S LICENSE NO.	SOCIAL SECURITY NO.	RELATIONSHIP TO APPLICANT	AGES OF DEPENDENTS □ □ □ □	<input type="checkbox"/> MARRIED <input type="checkbox"/> UNMARRIED <input type="checkbox"/> SEPARATED
ADDRESS			CITY	STATE	ZIP	PHONE ( ) ( ) ( )	HOW LONG? YRS. MOS.	
PREVIOUS ADDRESSES (TO COVER 5 YEARS RESIDENCE)			CITY	STATE	ZIP	HOW LONG YRS. MOS.	LIVED IN COMMUNITY? YRS. MOS.	
OCCUPATION OR RANK	PRESENT EMPLOYER		ADDRESS	CITY	STATE	ZIP	PHONE ( ) ( ) ( ) HOW LONG? YRS. MOS.	
PREVIOUS EMPLOYMENT (TO COVER 5 YEARS HISTORY)			ADDRESS	CITY	STATE	ZIP	PHONE ( ) ( ) ( ) HOW LONG? YRS. MOS.	
			ADDRESS	CITY	STATE	ZIP	PHONE ( ) ( ) ( ) HOW LONG? YRS. MOS.	
NEAREST RELATIVE NOT LIVING WITH APPLICANT			ADDRESS	CITY	STATE	ZIP	PHONE ( ) ( ) ( ) RELATIONSHIP	

<b>I</b>	Joint Applicant's gross monthly income from employment	\$
<b>N</b>	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.	
<b>C</b>	Alimony, child support, separate maintenance received under: court order <input type="checkbox"/> written agreement <input type="checkbox"/> verbal understanding <input type="checkbox"/> Amount	\$
<b>O</b>	Amount of other monthly income and source(s)	\$
<b>M</b>	<b>TOTAL MONTHLY INCOME</b>	\$

**SECTION C. Asset and Debt Information: List All Debts Including Alimony, Child Support, Separate Maintenance. (Use a Separate Page If Necessary.)**

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

LANDLORD OR MORTGAGE HOLDER OWN <input type="checkbox"/> RENT <input type="checkbox"/>	ADDRESS	ACCOUNT NO.	MORTGAGE BALANCE \$	PAYMENT OR RENT \$
DATE OF PURCHASE	AGE OF HOME	PURCHASE PRICE OF HOME	CURRENT MARKET VALUE \$	2nd MORTGAGE AMOUNT \$
TYPE OF CREDIT	COMPANY NAME OF ALL OBLIGATIONS	ACCOUNT NO. <input type="checkbox"/> OPEN <input type="checkbox"/> CLOSED	ADDRESS	CITY
		<input type="checkbox"/> OPEN <input type="checkbox"/> CLOSED	ADDRESS	CITY
		<input type="checkbox"/> OPEN <input type="checkbox"/> CLOSED	ADDRESS	CITY
		<input type="checkbox"/> OPEN <input type="checkbox"/> CLOSED	ADDRESS	CITY
PRESENT VEHICLE FINANCED BY / LEASED BY:	ACCOUNT NO.	ADDRESS	CITY	STATE
PRESENT VEHICLE FINANCED BY / LEASED BY:	ACCOUNT NO.	ADDRESS	CITY	STATE
BANK REFERENCE	ACCOUNT NO.	BRANCH / ADDRESS	<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	BALANCE \$
BANK REFERENCE	ACCOUNT NO.	BRANCH / ADDRESS	<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	BALANCE \$
HAVE YOU EVER HAD ANY PROPERTY REPOSSESSED? <input type="checkbox"/> YES <input type="checkbox"/> NO	DO YOU HAVE ANY LAW SUITS PENDING AGAINST YOU? <input type="checkbox"/> YES <input type="checkbox"/> NO	HAVE YOU EVER FILED BANKRUPTCY OR IS A BANKRUPTCY PROCEEDING IN PROGRESS OR EXPECTED? <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
PERSONAL FRIENDS KNOWN OVER ONE YEAR	ADDRESS	CITY	STATE	ZIP
1.				PHONE ( ) ( ) ( )
2.				PHONE ( ) ( ) ( )

**INSURANCE: If you would like to apply for vehicle insurance in connection with this credit application, complete the following:**  
**NOTICE: The purchase of insurance through a particular insurance company, agent, or broker is not a condition to financing.**

MOST RECENT INSURANCE CO. OR AGENT (NAME AND ADDRESS)	PHONE ( ) ( ) ( )	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 YES, WHY?	NO. OF INSURANCE LOSSES IN PAST 5 YEARS	TOTAL AMOUNT OF LOSSES \$

**FAIR CREDIT REPORTING ACT DISCLOSURE: This application for credit may be submitted by the dealer to various financial institutions, including those listed below, in connection with possible purchase or authorization of a vehicle contract. Upon request, names of other institutions receiving this application will be provided. Financial Institution(s) and Address(es):**

The undersigned jointly and severally (1) certify the above information to be accurate and complete and intend it be relied upon to judge creditworthiness; (2) agree that this application and all related information may be indefinitely retained whether or not credit is extended; (3) certify that the vehicle will not be used for any illegal or restricted purpose; (4) authorize consumer credit reports and investigations of asset, debt, and employment history to be obtained in connection with this application and for any update, review, collection, renewal or extension of the credit received; (5) authorize the exchange of credit, account and financial information about the undersigned, **AND UNLESS THE CIRCLE THAT FOLLOWS IS MARKED, AUTHORIZE THE DEALER AND ANY ASSIGNEE OR OTHER PERSON TO WHOM THIS APPLICATION IS SUBMITTED TO SHARE AND USE INFORMATION ABOUT ME, INCLUDING INFORMATION IN MY APPLICATION, WITH OTHER ENTITIES THAT ARE RELATED TO THEM BY COMMON OWNERSHIP OR AFFILIATED WITH THEM BY COMMON CONTROL. IF THE CIRCLE IS MARKED, I DIRECT THE DEALER AND ANY ASSIGNEE OR OTHER PERSON TO WHOM THIS APPLICATION IS SUBMITTED NOT TO GIVE INFORMATION TO SUCH ENTITIES (OTHER THAN INFORMATION ON THEIR OWN TRANSACTIONS AND EXPERIENCES)** ( ) ; (6) agree to be solely responsible for making arrangements for delivery of communications to be provided to the undersigned in connection with this application; and, **(7) I ALSO ACKNOWLEDGE RECEIPT OF A COPY OF THIS APPLICATION.**

_____ Date _____	_____ Date _____
Applicant's Signature	Co-Applicant's Signature