

APPLICATION STATEMENT (Please Print)

CLASS CODE: RETAIL RCL OTHER

C-CHECK ONE APPLICABLE BOX (PRIMARY APPLICANT AND JOINT APPLICANTS MUST COMPLETE SEPARATE FORMS):

Primary Applicant: <input type="radio"/>	Joint Applicant: <input type="checkbox"/> Application is for joint credit with primary applicant or as a guarantor. <input type="checkbox"/> Primary applicant is relying on you for income for alimony, child support, or separate maintenance or on your income or assets as the basis for repayment of the credit requested.	If Joint Applicant, Relationship to Applicant: <input type="checkbox"/> Spouse <input type="radio"/> Parent <input type="radio"/> Other
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Last Name: _____ First Name: _____ Middle Name: _____ **4 Jr**
H. Br.

Date of Birth: _____ Soc. Sec. No.: _____ Driver's License No. and State: _____

Present Address (Number and Street): _____ City: _____ State: _____ Zip Code: _____

Mailing Address (if different): _____ City: _____ State: _____ Zip Code: _____

county	Phone In <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Phone Number Area Code ()	1 <input type="checkbox"/> Own Home outright	3 <input type="checkbox"/> Living with Relatives	5 <input type="checkbox"/> Own/Buying Mobile Home	Lived There
			2 <input type="checkbox"/> Buying Home	4 <input type="checkbox"/> Leasing/Renting		<input type="radio"/> Yes <input type="radio"/> No

Name and Address of Landlord or Mortgage Holder: _____ Rent or Mgt. Pmt. \$: _____

Previous Address (Street, City, State and Zip Code) (if less than 2 years at present address): _____ Lived There Yes: _____

Level Of Education (Age Under 27 Only): 4-Year College Grad. 2-Year College Grad. Special Training Some College High School Grad.? Sr./Yes G./No

Current Employer Name: _____

Applicant's Occupation (if military, state work)	Work Phone Number Area Code ()	Gross Monthly Salary \$	Time on Job Year
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*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. Source of Other Income: _____ Other Income: _____

Previous Employer's Name (if less than 3 years at current employer): _____ City/State: _____

Name of Bank: _____ 1 Checking & Savings 3 I-J Savings Only
2 Checking Only 4 No Account

Have You Ever Had a Car or Other Merchandise Repossessed? No Yes If Yes, When? Month Year

Have You Ever Filed Bankruptcy? No Yes If Yes, When? Month Year

Creditor's Name and City / State	Date Opened	Monthly Pmt. Amount	Unpaid Balance	Creditor's Name and City / State	Date Opened	Monthly Pmt. Amount	Unpaid Balance
(1) Current/Previous Cars Financed by or Leased Through)				(3) (Other Credit)			
(2)				(4)			

Name and Address of Applicant's Nearest Relatives/Friends Not in Household (1): _____ Phone No. Area Code () Relationship: _____

(2): _____ Phone No. Area Code () Relationship: _____

(3): _____ Phone No. Area Code () Relationship: _____

(4): _____ Phone No. Area Code () Relationship: _____

For the purpose of securing credit from you, I certify that the above information is true and complete to the best of my knowledge. Applicant further certifies that I have attained the age of majority. Applicant authorizes you, to check my credit and employment history and to provide and/or obtain information about credit experience with me.

H E S E T C O N T A I N S A R E L I S T	<input type="checkbox"/> New <input type="checkbox"/> Used	Vehicle Identification Number					(1) Cash Price/Cap Cost (incl. tax, title reg. fee, ...) \$ _____ (1)
	Year	Model	Make	Body Style (if used vehicle)	Wheels (if used vehicle)	(2) Down Payment/Cap. Cost Reduction Cash \$ _____ + Rebate \$ _____ \$ _____ (A)	
	Optional Equipment (if used vehicle) <input type="checkbox"/> Air <input type="checkbox"/> P/S <input type="checkbox"/> P/B <input type="checkbox"/> Auto Tr. <input type="checkbox"/> Other					Trade Allow. \$ _____ \$ _____ (B)	
	Trade	Make	Model	Body Style	Dealer Name	Total of Line (2) (A+B) \$ _____ (2)	

(3) Unpaid Balance/Acquisition Cost (1 - 2) \$ _____ (3)
If RCL: MSRP \$ _____ LEV \$ _____
(4) Payable in _____ Mo. Installments of \$ _____ (4)

acknowledge by signing this document that I have read both sides of this form.

The dealer and its assigns may share and use information about you, including information in this application, with entities that are related by common ownership or affiliated by common control. If you do not want this information shared with these entities, please mark the box provided below.

By checking this box, I do not want this information shared (other than information on transactions or experiences with me).

Applicant Signature: _____ Date: _____