

CLASS CODE: RETAIL RCL  OTHER

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

Primary Applicant:  Joint Applicant:  Application is for joint credit with primary applicant or as a guarantor.  
 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:

S - Married  P - Parent  
 O - Other

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ **4 Jr**  
 I-1 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  Yes  No Phone Number Area Code ( ) \_\_\_\_\_  
 1  Own Home outright 3  Living with Relatives 5  Own/Buying Mobile Home Lived There  
 2  Buying Home 4  Leasing/Renting  Yrs. E Mos.

Name and Address of Landlord or Mortgage Holder \_\_\_\_\_ Rent or Mtge. Pmt. \$ \_\_\_\_\_

Previous Address (Street, City, State and Zip Code) (If less than 2 years at present address) \_\_\_\_\_ Lived There \_\_\_\_\_ Yrs.

Level Of Education (Age Under 27 Only) 1  4-Year College Grad. 2  2-Year College Grad. 3 Special Training 4  Some College High School Grad.? 5rJ Yes 6/J No

Current Employer Name \_\_\_\_\_

Applicant's Occupation (ii military, state rank) \_\_\_\_\_ Work Phone Number \_\_\_\_\_ Gross Monthly Salary \_\_\_\_\_ Time on Job \_\_\_\_\_  
 Area Code ( ) \_\_\_\_\_ \$ \_\_\_\_\_ YrS Mos

\*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 5 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?  Yes  No 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
(current/Previous Cars Financed by or Leased Through)				(Other Credit)			
(1)				(3)			
(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 S E t to EN RL i3'	<input type="radio"/> New <input checked="" type="radio"/> Used	Vehicle Identification Number					(1) Cash Price/Cap Cost (Incl. tax, title, reg. fees).....\$ _____ (1)
	Year	Model	Make	Body Style (ii used vehicle)	Mileage (if used vehicle)	(2) Down Payment/Cap Cost Reduction Cash \$ _____ + Rebate \$ _____ \$ _____ (A) Trade: Allow. \$ _____ <b>Over</b> \$ _____ (B) Total of Line (2) (A+B) _____ (2)	
	Optional Equipment (if used vehicle) <input type="radio"/> Air <input type="radio"/> P/S <input type="radio"/> P/B Auto Tr. Other _____					(3) Unpaid Balance/Acquisition Coat (1 2) _____ (3) If RCL: MSRP \$ _____ /LEV \$ _____	
	Trade	Make	Model	Body Style	Dealer Name	(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: \_\_\_\_\_