



Check appropriate box:

If you are applying for individual credit in your name and relying on your own income or assets and not the income or assets of another person as the basis for repayment of credit requested, complete Applicant section.

If you are applying for joint credit with another person, complete Applicant and Co-Applicant sections and sign below.

We intend to apply for joint credit _____ Applicant _____ Co-Applicant

Application for Credit

Applicant

Note: You must complete each space before we can evaluate your application. Draw a line through any space that does not apply to you.

Full Name (Please Print) Last First Middle

Home Address (street) Years There

City, State, Zip Phone No.

Previous Address Years There

City, State, Zip Date of Birth

Social Security Number No. of Dependents

Employer Department

Address Gross monthly pay

Phone No. Position Years There

Previous Employer Years There

Address

Source of any other income Monthly Amount
(Alimony, child support or separate maintenance income need not be revealed unless you wish)

Nearest Friend or Relative (not living with you) Relationship

Address Phone No.

Mortgage Bank or Landlord Own Rent Other

City, State, Zip

Real Estate in Name of

App	Co-App	Home Purchase Price	Approx. Mortgage Balance	Approx. Mkt. Value	Monthly Rent of Mortgage Payt Including Tax
<input type="checkbox"/>	<input type="checkbox"/>	Auto Owned/Yr. Make & Model			Financed By City, State Balance Mo. Pay
<input type="checkbox"/>	<input type="checkbox"/>	Auto Owned/Yr. Make & Model			Financed By City, State Balance Mo. Pay

SECURITY YEAR	MAKE	MODEL	NO. OF CYL.	NEW <input type="checkbox"/>	USED <input type="checkbox"/>	BODY TYPE	VIN #	MILEAGE
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CASH SALE PRICE.....\$ _____

DOWN PAYMENT (CASH).....\$ _____

DOWN PAYMENT (REBATE).....\$ _____

GROSS TRADE-IN ALLOW \$ _____

LESS PAY-OFF \$ _____

NET TRADE-IN.....\$ _____

TOTAL DOWN PAYMENT.....\$ _____

UNPAID BALANCE.....\$ _____

ADDITIONAL ITEMS FINANCED (AMT.).....\$ _____

(CIRCLE) EXTENDED WARRANTY-ALARM SYSTEM-SALES TAX
(LIST OTHER) _____

AMOUNT SUBMITTED FOR APPROVAL.....\$ _____

_____ PAYMENTS AT \$ _____ PER MONTH
(# OF PAYMENTS)

DESCRIPTION OF TRADE-IN _____

OPTIONAL EQUIPMENT - PLEASE CHECK										
AUTO TRANS	4 WD	ALLOYS	POWER WINDOWS	POWER DOOR LOCKS	POWER SEATS	CRUISE CONTROL	REAR ENT.	POWER SUNROOF	LEATHER	CD
OTHER OPTIONS: _____										

E-mail Applicant: _____

E-mail Co-Applicant: _____

The above information is true and complete. I (meaning each of the undersigned) authorize any creditor to whom this application is forwarded to obtain any credit information about me which it may desire to evaluate this application, and I authorize it to disclose any credit information which relates to this application or to any credit extended by the creditor as the result of this application.

Signature of Applicant _____ Date _____

Signature of Co-Applicant _____ Date _____

Applicant Information

Identification Type: _____

ID#: _____

Issuer: _____

Issue Date (If applicable): _____

Expiration Date: _____

Mother's Maiden Name: _____

Co-Applicant Information

Identification Type: _____

ID#: _____

Issuer: _____

Issue Date (If applicable): _____

Expiration Date: _____

Mother's Maiden Name: _____

Information Collected By: _____ Date: _____
Signature of Dealer

By signing above, I acknowledge that I have collected the information above and have reviewed the documents noted.