

Credit Application

Credit Sale Lease

Application Number: _____

Date: _____

Seller Name and Address

Important Information to Applicant(s). Federal law requires financial companies to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information.

The words "you" and "your" refer to each person or business submitting this Credit Application. The words "we," "us," and "our" refer to the seller and the financial companies to which your Credit Application is submitted.

What this means for you. When you apply for credit, we will ask for your name, address, date of birth and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents. In some instances, we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law. *Read each instruction carefully before completing this form.*

Type of Credit Requested

Check only one of the three types:

- Individual Credit** - You are relying on your income or assets.
- Business Credit**

Joint Credit - By initialing below, you intend to apply for "joint credit".

Applicant _____

Joint Applicant _____

Complete Section (B) Joint Applicant or Other Party if applicable.

(A) Applicant				Applicant Information				(B) Joint Applicant or Other Party			
FULL NAME (First, Middle, Last)				FULL NAME (First, Middle, Last)							
GOV'T ID TYPE	GOV'T ID NO.	GOV'T ID ISSUED BY		GOV'T ID TYPE	GOV'T ID NO.	GOV'T ID ISSUED BY		GOV'T ID TYPE	GOV'T ID NO.	GOV'T ID ISSUED BY	
GOV'T ID ISSUE DATE	GOV'T ID EXP. DATE	DATE OF BIRTH		GOV'T ID ISSUE DATE	GOV'T ID EXP. DATE	DATE OF BIRTH		GOV'T ID ISSUE DATE	GOV'T ID EXP. DATE	DATE OF BIRTH	
SOC. SEC. NO.	PRIMARY PHONE <input type="checkbox"/> CELL	SECOND PHONE <input type="checkbox"/> CELL		SOC. SEC. NO.	PRIMARY PHONE <input type="checkbox"/> CELL	SECOND PHONE <input type="checkbox"/> CELL		SOC. SEC. NO.	PRIMARY PHONE <input type="checkbox"/> CELL	SECOND PHONE <input type="checkbox"/> CELL	
EMAIL ADDRESS:				EMAIL ADDRESS:							
STREET ADDRESS		APT#	HOW LONG? ____ YEARS ____ MONTHS	STREET ADDRESS		APT#	HOW LONG? ____ YEARS ____ MONTHS	STREET ADDRESS		APT#	HOW LONG? ____ YEARS ____ MONTHS
CITY	STATE	ZIP		CITY	STATE	ZIP		CITY	STATE	ZIP	
MAILING ADDRESS (if different from Street Address)		APT#	MONTHLY RENT OR MORTGAGE PAYMENT	MAILING ADDRESS (if different from Street Address)		APT#	MONTHLY RENT OR MORTGAGE PAYMENT	MAILING ADDRESS (if different from Street Address)		APT#	MONTHLY RENT OR MORTGAGE PAYMENT
CITY	STATE	ZIP		CITY	STATE	ZIP		CITY	STATE	ZIP	
RESIDENTIAL STATUS <input type="checkbox"/> OWN <input type="checkbox"/> RENT		LANDLORD/MORTGAGE		RESIDENTIAL STATUS <input type="checkbox"/> OWN <input type="checkbox"/> RENT		LANDLORD/MORTGAGE		RESIDENTIAL STATUS <input type="checkbox"/> OWN <input type="checkbox"/> RENT		LANDLORD/MORTGAGE	
<input type="checkbox"/> WITH RELATIVES <input type="checkbox"/> WITH FRIENDS <input type="checkbox"/> OTHER				<input type="checkbox"/> WITH RELATIVES <input type="checkbox"/> WITH FRIENDS <input type="checkbox"/> OTHER				<input type="checkbox"/> WITH RELATIVES <input type="checkbox"/> WITH FRIENDS <input type="checkbox"/> OTHER			
LANDLORD PHONE	PREVIOUS ADDRESS (if less than 2 yrs at current address)		APT#	LANDLORD PHONE	PREVIOUS ADDRESS (if less than 2 yrs at current address)		APT#	LANDLORD PHONE	PREVIOUS ADDRESS (if less than 2 yrs at current address)		APT#
CITY	STATE	ZIP	HOW LONG? ____ YRS ____ MOS	CITY	STATE	ZIP	HOW LONG? ____ YRS ____ MOS	CITY	STATE	ZIP	HOW LONG? ____ YRS ____ MOS
CURRENT EMPLOYER			GROSS MONTHLY SALARY	CURRENT EMPLOYER			GROSS MONTHLY SALARY	CURRENT EMPLOYER			GROSS MONTHLY SALARY
CURRENT EMPLOYER'S ADDRESS		CITY	STATE	CURRENT EMPLOYER'S ADDRESS		CITY	STATE	CURRENT EMPLOYER'S ADDRESS		CITY	STATE
ZIP	WORK PHONE	HOW LONG? ____ YRS ____ MOS	OCCUPATION/JOB TITLE	ZIP	WORK PHONE	HOW LONG? ____ YRS ____ MOS	OCCUPATION/JOB TITLE	ZIP	WORK PHONE	HOW LONG? ____ YRS ____ MOS	OCCUPATION/JOB TITLE
PREVIOUS EMPLOYER (if less than 2 yrs at current job)			GROSS MONTHLY SALARY	PREVIOUS EMPLOYER (if less than 2 yrs at current job)			GROSS MONTHLY SALARY	PREVIOUS EMPLOYER (if less than 2 yrs at current job)			GROSS MONTHLY SALARY
PREVIOUS EMPLOYER'S FULL ADDRESS			PHONE	PREVIOUS EMPLOYER'S FULL ADDRESS			PHONE	PREVIOUS EMPLOYER'S FULL ADDRESS			PHONE
SECONDARY EMPLOYER NAME (if applicable)		SECONDARY EMPLOYER ADDRESS		SECONDARY EMPLOYER NAME (if applicable)		SECONDARY EMPLOYER ADDRESS		SECONDARY EMPLOYER NAME (if applicable)		SECONDARY EMPLOYER ADDRESS	
CITY	STATE	ZIP	GROSS MONTHLY SALARY	CITY	STATE	ZIP	GROSS MONTHLY SALARY	CITY	STATE	ZIP	GROSS MONTHLY SALARY
SECONDARY EMPLOYER PHONE	HOW LONG? ____ YRS ____ MOS	OCCUPATION/JOB TITLE		SECONDARY EMPLOYER PHONE	HOW LONG? ____ YRS ____ MOS	OCCUPATION/JOB TITLE		SECONDARY EMPLOYER PHONE	HOW LONG? ____ YRS ____ MOS	OCCUPATION/JOB TITLE	

OTHER INCOME NOTE:*

<input type="checkbox"/> (A) or <input type="checkbox"/> (B) GROSS MONTHLY OTHER INCOME	OTHER INCOME SOURCE	<input type="checkbox"/> (A) or <input type="checkbox"/> (B) GROSS MONTHLY OTHER INCOME	OTHER INCOME SOURCE
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* Alimony, child support, or separate maintenance incomes do not have to be revealed unless the applicant wishes to have such sources considered as a basis for repayment of the requested credit amount.

REFERENCE	PHONE	REFERENCE	PHONE
ADDRESS	RELATIONSHIP	ADDRESS	RELATIONSHIP

Notices

California Residents. Each applicant, if married, may apply for a separate account.

Maine Residents. You have the right to select the agent and insurer to be used for any type of insurance required in connection with this credit transaction, including the right to choose an insurance agent or broker, whether or not that agent or broker is affiliated with us. We shall not interfere, either directly or indirectly, with this right of choice of an agent and of an insurer. Your choice of a particular insurance agent or broker will not affect our credit decision or credit terms in any way, as long as the insurance provides adequate coverage with an insurer who meets our reasonable requirements such as the solvency and assessment policies of the insurer and its ability to service the policy.

New Hampshire Residents. **If this is an application for a balloon retail sales contract, applicants are entitled, upon request, to receive a written estimate of the monthly payment for a balloon payment refinancing in accordance with the creditor's current refinancing programs prior to entering into a balloon contract.**

New York Residents. A consumer report may be ordered in connection with your application. Upon your request, we will inform you whether or not a report was ordered. If a report was ordered, we will tell you the name and address of the consumer reporting agency that provided the report. Subsequent reports may be ordered or utilized in connection with an update, renewal or extension of credit for which you have applied.

Ohio Residents. The Ohio laws against discrimination require that all creditors make credit equally available to all creditworthy 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. Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Wisconsin Residents. Notice to Married Applicants. No provision of any marital property agreement, unilateral statement under Wisc. Statutes § 766.59 or a court decree under Wisc. Statutes § 766.70 adversely affects the interests of the Creditor unless the Creditor, prior to the time the credit is granted, is furnished a copy of the agreement, statement or decree or has actual knowledge of the adverse provision when the obligation to the Creditor is incurred.

For Married Wisconsin Residents. The credit being applied for, if granted, will be incurred in the interest of my marriage or family. I understand the Creditor may be required by law to give notice of this transaction to my spouse.

Authorizations

You authorize us to contact you using any of the telephone numbers listed on this Credit Application or that you subsequently provide us in connection with your credit account - regardless whether the number we use is assigned to a paging service, cellular telephone service, specialized mobile radio service, other radio common carrier service or any other service for which you may be charged for the call. You further authorize us to contact you through the use of voice, text and email and through the use of prerecorded/artificial voice messages or an automatic dialing device. You agree that your telephone communications with us and any financial company that reviews this Credit Application may be monitored and/or recorded to assure the quality of service.

You authorize us to request one or more consumer reports, for any legitimate purpose, in connection with the transaction that is proposed by this Credit Application or any future update, renewal or extension of that transaction. This includes your authorization to check and verify information related to this Credit Application including, but not limited to, checking and verifying your credit, income and employment history, and contacting a spouse to verify any spouse-related information. You also authorize us to answer questions others may ask about our credit experience with you.

You authorize us to submit this Credit Application and any other documents pertaining to this proposed transaction to the following financial company(ies):

You authorize these companies and their affiliates to obtain any information they want in order to verify information related to this Credit Application including, but not limited to, verifying your credit, income and employment history, and contacting a spouse to verify any spouse-related information.

Applicant's Signature	Date	Joint Applicant's or Other Party, Signature	Date
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Signatures

You certify that everything you have stated in this Credit Application and on any other documents submitted to us are true and correct to the best of your knowledge. You understand that you must update the information contained in this Credit Application if either your financial condition materially changes or we make a request to you orally or in writing. You understand that we will retain this Credit Application whether or not it is approved.

By signing below you acknowledge that you have read the applicable Notices and agree to the terms and authorizations in this Credit Application.

Applicant Signature	Date	Joint Applicant or Other Party, Signature	Date
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(if applicable)

Notice: It is a federal crime punishable by fine, imprisonment, or both, to knowingly make any false statements concerning any of the above facts as applicable under the provisions of Title 18, United States Code § 1001, *et seq.*

For Seller Use Only

DATE RECEIVED	RECEIVED BY	DATE ACTION TAKEN	ACTION TAKEN BY	ACTION TAKEN	REASON CODE(S)
COLLATERAL					
TRADE-IN					
SELLING PRICE		TRADE ALLOWANCE		TRADE PAYOFF	
PRODUCTS AND FEES		AMOUNT FINANCED		TERM	
CASH DOWN					