

E-MAIL ADDRESS: _____
 CELL PHONE: _____

CREDIT APPLICATION

(Purchase / Lease)

- Check If you are applying for individual credit in your own name and are relying on your own income or assets and not the income or assets of another person as the basis for repayment.
 Appropriate If you are married and live in a community property state, complete separate page providing information about your spouse.
 Box If this is an application for joint credit with another person, complete separate page providing information about the co-applicant.

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

SELLER	STOCK NO.	DATE	AMOUNT REQUESTED \$ _____
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SECTION A. Information Regarding Applicant:

LAST NAME	FIRST	INITIAL	BIRTHDATE	DRIVER'S LIC. 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.
PREVIOUS ADDRESSES (TO COVER 5 YEARS RESIDENCE)				CITY	STATE	ZIP	HOW LONG? YRS. MOS.
OCCUPATION OR RANK	PRESENT EMPLOYER	ADDRESS	CITY	STATE	ZIP	PHONE	HOW LONG? YRS. MOS.
PREVIOUS EMPLOYMENT (TO COVER 5 YEAR HISTORY)				CITY	STATE	ZIP	PHONE
PREVIOUS EMPLOYMENT (TO COVER 5 YEAR HISTORY)				CITY	STATE	ZIP	PHONE
NEAREST RELATIVE NOT LIVING WITH APPLICANT				CITY	STATE	ZIP	PHONE
				CITY	STATE	ZIP	RELATIONSHIP

INCOME:
 Applicant's gross monthly income from employment _____ \$
 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.
 Alimony, child support, separate maintenance received under: (specify type: court order / written agreement / verbal understanding) _____ Amount: \$
 Amount of other monthly income and source(s) _____ \$
TOTAL MONTHLY INCOME \$ _____

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

<input type="checkbox"/> OWN <input type="checkbox"/> RENT	LANDLORD OR MORTGAGE HOLDER	ADDRESS	ACCOUNT NO.	MORTGAGE BALANCE \$	PAYMENT OR RENT \$					
DATE HOME PURCHASED	AGE OF HOME	PRICE PAID FOR HOME	MARKET VALUE \$	2nd MORTGAGE AMT \$	PAYMENT \$					
TYPE OF CREDIT	COMPANY NAME OF ALL OBLIGATIONS	ACCOUNT NO.	<input type="checkbox"/> OPEN <input type="checkbox"/> CLOSED	ADDRESS	CITY	STATE	ZIP	BALANCE	HIGH	MONTHLY PYMTS OR DATE CLOSED
			<input type="checkbox"/> OPEN <input type="checkbox"/> CLOSED	ADDRESS	CITY	STATE	ZIP	\$	\$	\$
			<input type="checkbox"/> OPEN <input type="checkbox"/> CLOSED	ADDRESS	CITY	STATE	ZIP	\$	\$	\$
			<input type="checkbox"/> OPEN <input type="checkbox"/> CLOSED	ADDRESS	CITY	STATE	ZIP	\$	\$	\$
PRESENT VEHICLE FINANCED BY / LEASED BY:		ACCOUNT NO.	ADDRESS	CITY	STATE	ZIP	\$			
PRESENT VEHICLE FINANCED BY / LEASED BY:		ACCOUNT NO.	ADDRESS	CITY	STATE	ZIP	\$			
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	PHONE				
1.		ADDRESS	CITY	STATE	ZIP	PHONE				
2.		ADDRESS	CITY	STATE	ZIP	PHONE				

In the following sentence, the applicant/co-applicant is referred to as "I" and the creditor is referred to as "you and your". I, the undersigned (1) make the above representations, which are certified correct, for the purpose of securing credit; (2) authorize financial institutions to obtain consumer credit reports on me periodically and to gather employment history as they consider necessary and appropriate; (3) authorize your affiliates to obtain consumer credit reports on me; (4) UNLESS THE CIRCLE THAT FOLLOWS IS MARKED, I AUTHORIZE THE DEALER'S ASSIGNEE TO SHARE AND USE INFORMATION ABOUT ME, INCLUDING INFORMATION IN MY APPLICATION, WITH OTHER ENTITIES THAT ARE RELATED TO IT BY COMMON OWNERSHIP OR AFFILIATED WITH IT BY COMMON CONTROL. IF THE CIRCLE IS MARKED, I DIRECT THE DEALER'S ASSIGNEE NOT TO GIVE INFORMATION TO SUCH ENTITIES (OTHER THAN INFORMATION ON ITS OWN TRANSACTIONS AND EXPERIENCES.) ; (5) Understand, that you or any financial institution to whom it is submitted will retain this application whether or not it is approved, and that it is the applicant's responsibility to notify the creditor of any changes of name, address or employment.

The financial institutions named below may be requested to purchase a sales finance contract written, or to be written, in connection with your purchase. You are notified pursuant to the Fair Credit Reporting Act, that your application may be submitted to them or to other financial institutions.

FINANCIAL INSTITUTION(S) _____
 ADDRESS(ES) _____

PURCHASER HEREBY ACKNOWLEDGES RECEIPT OF A COPY OF THIS CREDIT STATEMENT. CO-APPLICANT'S SIGNATURE MEANS YOU INTEND TO APPLY FOR JOINT CREDIT.

X

APPLICANT'S
SIGNATURE

X

CO-APPLICANT'S SIGNATURE