

This is a Separate Joint Application.
If a Joint Application, is the Co-Applicant your spouse? YES NO Relationship

PRINT FULL NAME	FIRST	MIDDLE	LAST	SR. JR.	SOC. SEC. NO.	DATE OF BIRTH MO DAY YR	HOME PHONE NO.
PRESENT ADDRESS	NUMBER AND STREET		CITY	COUNTY	STATE	ZIP CODE	LIVED THERE YEARS MONTHS
<input type="checkbox"/> RENT <input type="checkbox"/> OWN	RESIDENCE TITLED IN NAME OF	MON. PAYMENT	ORIG. COST	BAL. OWING	NAME & ADDRESS OF LANDLORD OR MORTGAGE		NO. OF DEPENDENTS
PREVIOUS HOME ADDRESS	NUMBER AND STREET		CITY	COUNTY	STATE	ZIP CODE	LIVED THERE YEARS MONTHS
EMPLOYED BY SELF <input type="checkbox"/>	NAME	BUSINESS ADDRESS, NUMBER AND STREET			CITY	STATE	HOW LONG YEARS MONTHS
OTHERS <input type="checkbox"/>	TRADE OR OCCUPATION	SALARY OR WAGES	NAME OF PREVIOUS EMPLOYER		ADDRESS	NO YRS.	

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.

TYPE OF OTHER INCOME	SOURCE	MONTHLY AMOUNT \$
NAME AND ADDRESS OF PARENTS OR NEAREST RELATIVE <u>NOT LIVING WITH ME</u>	NAME ADDRESS	PHONE NO. RELATIONSHIP
NAME AND ADDRESS OF PERSONAL FRIEND	NAME ADDRESS	PHONE NO. KNOWN HOW LONG?
BANK ACCOUNT	NAME OF BANK BRANCH NAME AND CITY	CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/> NO ACCOUNT <input type="checkbox"/>
LAST CAR FINANCED	NAME OF CREDITOR	BALANCE DUE OR DATE PAID
		TRADING IN THIS CAR? <input type="checkbox"/> YES <input type="checkbox"/> NO

CREDIT REFERENCES OR INSTALMENT OBLIGATIONS INCLUDES FINANCE COMPANIES, BANKS, CREDIT CARDS, CHARGE ACCOUNTS...
INCLUDE NAME(S) OF APPLICANT IN WHICH CREDIT CAN BE VERIFIED, IF OTHER THAN SHOWN ABOVE.

NAME OF CREDITOR	ADDRESS	ACCOUNT NO	BAL.	MO. PMT.

THE CAR WILL BE REGISTERED IN NAME OF	NUMBER AND STREET	CITY	STATE	OPERATOR'S LICENSE NO.
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NEW <input type="checkbox"/> USED <input type="checkbox"/>	YEAR	#CYL.	MAKE
MODEL #	DESCRIPTION		MILEAGE
VIN	SALESPERSON		
1 - W/O AIR CONDITIONING <input type="checkbox"/>	2 - SUNROOF <input type="checkbox"/>	3 - STEREO <input type="checkbox"/>	
4 - CRUISE <input type="checkbox"/>	5 - POWER WINDOWS <input type="checkbox"/>	6 - POWER SEATS <input type="checkbox"/>	
7 - FOUR WHEEL DRIVE <input type="checkbox"/>	8 - MANUAL TRANS. <input type="checkbox"/>	9 - ALUM./WIRE WHEELS <input type="checkbox"/>	
OTHER (DESCRIBE)			
TRADE-IN	YEAR	MAKE	DESCRIPTION
TERM OF CONTRACT MOS.	DEALER		DEALER NO.

CASH PRICE (LINE 1 OF CONTRACT)	\$
LESS: TRADE ALLOW	\$
AMT. OWING	\$
NET TRADE	\$
CASH	\$
REBATES (DESCRIBE)	
TOTAL DOWN PAYMENT	\$
UNPAID BALANCE	\$
OTHER CHARGES	\$
TOTAL AMOUNT FINANCED	\$

A. INFORMATION ABOUT APPLICANT

B. INFORMATION ABOUT JOINT APPLICANT OR OTHER PARTY

PRINT FULL NAME		FIRST	MIDDLE	LAST	SR JR	SOC. SEC. NO.				DATE OF BIRTH MO DAY YR			HOME PHONE NO.	
PRESENT ADDRESS		NUMBER AND STREET			CITY	COUNTY	STATE			ZIP CODE		LIVED THERE YEARS MONTHS		
<input type="checkbox"/> RENT <input type="checkbox"/> OWN	RESIDENCE TITLED IN NAME OF		MON. PAYMENT	ORIG. COST	BAL. OWING	NAME & ADDRESS OF LANDLORD OR MORTGAGE				NO. OF DEPENDENTS				
PREVIOUS HOME ADDRESS		NUMBER AND STREET			CITY	COUNTY	STATE			ZIP CODE		LIVED THERE YEARS MONTHS		
EMPLOYED BY		NAME	BUSINESS ADDRESS, NUMBER AND STREET			CITY	STATE	HOW LONG YEARS MONTHS		BUS. PHONE NO.				
TRADE OR OCCUPATION		SALARY OR WAGES		NAME OF PREVIOUS EMPLOYER			ADDRESS			NO YRS.				

Allimony, 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.

TYPE OF OTHER INCOME		SOURCE			MONTHLY AMOUNT \$		
BANK ACCOUNT	NAME OF BANK	BRANCH NAME AND CITY			CHECKING <input type="checkbox"/>	CHECKING ACCOUNT NO.	
LAST CAR FINANCED		NAME OF CREDITOR			BALANCE DUE OR DATE PAID	TRADING IN THIS CAR? <input type="checkbox"/> YES <input type="checkbox"/> NO	

CREDIT REFERENCES OR INSTALMENT OBLIGATIONS		INCLUDES FINANCE COMPANIES, BANKS, CREDIT CARDS, CHARGE ACCOUNTS... INCLUDE NAME(S) OF APPLICANT IN WHICH CREDIT CAN BE VERIFIED, IF OTHER THAN SHOWN ABOVE.					
NAME OF CREDITOR	ADDRESS	ACCOUNT NO	BAL	MO. PMT.			

HAVE YOU TAKEN BANKRUPTCY? YES NO
IF YES, STATE WHERE AND WHEN.

DO YOU HAVE A CREDIT HISTORY IN ANY OTHER NAME?
 YES NO IF YES, WHAT NAME?

I (WE) HEREBY CERTIFY THAT THE INFORMATION GIVEN IN THIS APPLICATION IS TRUE, CORRECT AND COMPLETE AND AUTHORIZE SUCH CREDIT INQUIRIES AS MAY BE DEEMED NECESSARY TO CONFIRM AND INVESTIGATE MY (OUR) INCOME, LIABILITIES, CREDIT AND FINANCIAL RESPONSIBILITY AND I (WE) HEREBY CONSENT TO THE RELEASE AND DISCLOSURE OF THE INFORMATION SOUGHT BY THOSE INQUIRIES.

INSURANCE COVERAGE THROUGH: _____
NAME OF AGENT: _____
ADDRESS: _____
TELEPHONE: _____
TYPE
COVERAGE: COLLISION FIRE, THEFT, CAC ONLY COMPREHENSIVE

SIGNATURE OF APPLICANT _____ DATE _____
SIGNATURE OF CO-APPLICANT _____ DATE _____