

CREDIT APPLICATION

IMPORTANT: READ THESE DIRECTIONS BEFORE COMPLETING THIS APPLICATION.

CHECK Individual Application, no co-signer
 APPROPRIATE Married, Community Property
 BOX Joint Application for credit with another person.

(Purchase/Lease)

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

SELLER	STOCK NO.	COLOR	DATE	AMOUNT REQUESTED
				\$

SECTION A. Information Regarding Applicant:

LAST NAME(PRINT)	FIRST	BIRTH DATE	DRIVERS' LICENSE NO	SOCIAL SECURITY NUMBER	MARITAL STATUS	
ADDRESS	CITY	STATE	ZIP	HOME PHONE	HOW LONG? YRS MOS	
ADDRESS	CITY	STATE	ZIP	HOW LONG?	HOW LONG IN COMMUNITY?	
ADDRESS	CITY	STATE	ZIP	HOW LONG?	HOW LONG IN COMMUNITY?	
OCCUPATION: EMPLOYER:	ADDRESS	CITY	STATE	ZIP	PHONE EXT	HOW LONG? YRS MOS
PREVIOUS EMPLOYER(TO COVER 5 YEAR HISTORY	ADDRESS	CITY	STATE	ZIP	PHONE EXT	YRS MOS
PREVIOUS EMPLOYER	ADDRESS	CITY	STATE	ZIP	PHONE EXT	YRS MOS
NEAREST RELATIVE	ADDRESS	CITY	STATE	ZIP	HOME PHONE	RELATION HOW LONG?

INCOME:

APPLICANTS GROSS MONTHLY INCOME FROM EMPLOYER	\$
<small>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.</small>	\$
<small>ALIMONY, CHILD SUPPORT, SEPARATE MAINTENANCE RECEIVED UNDER COURT ORDER ___ AGREEMENT ___ VERBAL ___ AMOUNT</small>	\$
<small>AMOUNT OF OTHER INCOME AND LIST THE SOURCE</small>	\$
TOTAL MONTHLY INCOME	\$

SECTION B: Regarding Spouse, or Co-Applicant(Use separate sheets if necessary)

LAST NAME(PRINT)	FIRST	BIRTH DATE	DRIVERS' LICENSE NO	SOCIAL SECURITY NUMBER	MARITAL STATUS	
ADDRESS	CITY	STATE	ZIP	HOME PHONE	HOW LONG? YRS MOS	
ADDRESS	CITY	STATE	ZIP	HOW LONG?	HOW LONG IN COMMUNITY?	
ADDRESS	CITY	STATE	ZIP	HOW LONG?	HOW LONG IN COMMUNITY?	
OCCUPATION: EMPLOYER:	ADDRESS	CITY	STATE	ZIP	PHONE EXT	HOW LONG? YRS MOS
PREVIOUS EMPLOYER(TO COVER 5 YEAR HISTORY	ADDRESS	CITY	STATE	ZIP	PHONE EXT	YRS MOS
PREVIOUS EMPLOYER	ADDRESS	CITY	STATE	ZIP	PHONE EXT	YRS MOS
NEAREST RELATIVE	ADDRESS	CITY	STATE	ZIP	HOME PHONE	RELATION HOW LONG?

INCOME:

APPLICANTS GROSS MONTHLY INCOME FROM EMPLOYER	\$
<small>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.</small>	\$
<small>ALIMONY, CHILD SUPPORT, SEPARATE MAINTENANCE RECEIVED UNDER COURT ORDER ___ AGREEMENT ___ VERBAL ___ AMOUNT</small>	\$
<small>AMOUNT OF OTHER INCOME AND LIST THE SOURCE</small>	\$
TOTAL MONTHLY INCOME	\$

SECTION C: ASSET AND DEBT INFORMATION:

LIST ALL DEBTS INCLUDING ALIMONY, CHILD SUPPORT, SEPARATE MAINTENANCE(USE A SEPARATE PAGE IF NECESSARY)

(IF SECTION B HAS BEEN COMPLETED. THIS SECTION SHOULD BE COMPLETED GIVING INFORMATION ABOUT BOTH THE APPLICANT AND JOINT APPLICANT OR OTHER PERSON. PLEASE MARK APPLICANT RELATED INFORMATION WITH AN

A. IF SECTION B WAS NOT COMPLETED, ONLY GIVE INFORMATION ABOUT THE APPLICANT IN THIS SECTION.)

MORTGAGE CO, RENTAL CO, OR LANDLORD	ADDRESS	CITY	STATE	ZIP	ACCOUNT	BALANCE \$	PAYMENT PER MONTH \$
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DATE HOME PURCHASED	AGE OF HOME	PRICE PAID \$	MARKET VALUE \$	2ND MORTGAGE PAYMENT \$
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TYPE OF CREDIT	COMPANY NAME	ACCOUNT #	ADDRESS	CITY	STATE	ZIP	BALANCE \$	PAYMENT \$
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TYPE OF CREDIT	COMPANY NAME	ACCOUNT#	ADDRESS	CITY	STATE	ZIP	BALANCE \$	PAYMENT \$
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PRESENT VEHICLE FINANCED BY	COMPANY NAME	ACCOUNT#	ADDRESS	CITY	STATE	ZIP	BALANCE \$	PAYMENT \$
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PRESENT VEHICLE FINANCED BY	COMPANY NAME	ACCOUNT#	ADDRESS	CITY	STATE	ZIP	BALANCE \$	PAYMENT \$
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BANK REFERENCE	ACCOUNT #	ADDRESS	CITY	STATE	ZIP	PHONE	CHECKING \$	SAVINGS \$
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BANK REFERENCE	ACCOUNT #	ADDRESS	CITY	STATE	ZIP	PHONE	CHECKING \$	SAVINGS \$
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HAVE YOU HAD ANY PROPERTY REPOSSESSED?	DO YOU HAVE ANY LAWSUITS PENDING AGAINST YOU?	HAVE YOU EVER FILED BANKRUPTCY?	ARE YOU CONSIDERING BANKRUPTCY?
YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

ARE YOU IN THE MILITARY?	ACTIVE? INACTIVE?
YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

PERSONAL FRIENDS KNOWN OVER ONE YEAR	PLEASE PRINT FULL NAME ADDRESS, CITY, STATE, ZIP AND PHONE NUMBER
NAME	ADDRESS CITY STATE ZIP PHONE RELATION

1. _____
2. _____
3. _____
4. _____
5. _____

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) authorize financial institutions, affiliates, and others to exchange information about me and (5)Understands, that we 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, 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

PURCHASER HEREBY ACKNOWLEDGES RECEIPT OF A COPY OF THIS CREDIT STATEMENT.

X APPLICANT SIGNATURE **X** CO APPLICANT SIGNATURE