

Telephone _____

Net Amount Credit Required \$ _____ No. of Months _____ Date _____

<input type="checkbox"/> NEW <input type="checkbox"/> USED	YEAR	MAKE	MODEL	Cash Selling Price	\$
Other _____				Gross Trade	\$
INVOICE				Payoff or Trade	\$
				Net Trade	\$
TYPE OF CREDIT REQUESTED				Sales Tax	\$
IMPORTANT: Check (✓) the appropriate boxes below and complete the applicable sections.				Cash Down Payment	\$
<input type="checkbox"/> INDIVIDUAL CREDIT - relying solely on my income or assets				Amount Financed	\$
<input type="checkbox"/> INDIVIDUAL CREDIT - relying solely on my income or assets as well as income or assets from other sources					
<input type="checkbox"/> JOINT CREDIT INTENDED - APPLICANT INITIALS _____ CO-APPLICANT INITIALS _____					

INDIVIDUAL APPLICANT INFORMATION							
NAME (FIRST, MIDDLE, LAST)			DATE OF BIRTH	SOCIAL SECURITY NO.		TELEPHONE	
ADDRESS					ZIP CODE	HOW LONG?	
E-MAIL			CELL PHONE				
FORMER ADDRESS				HOW LONG?	NO. OF DEPENDENTS?		
NAME & ADDRESS OF APPLICANT'S NEAREST RELATIVE - NOT IN HOUSEHOLD					RELATIONSHIP & TELEPHONE		
<input type="checkbox"/> RENT <input type="checkbox"/> OWN	RESIDENCE TITLED IN NAME OF	MONTHLY PAYMENT \$	ORIGINAL COST \$	BALANCE OWING \$	NAME & ADDRESS OF LANDLORD OR MORTGAGEE		
EMPLOYER NAME & ADDRESS						HOW LONG?	
BUSINESS PHONE	EXT.	POSITION OR TITLE	SALARY PER MONTH GROSS \$ _____ NET \$ _____		HOW PAID: WEEKLY _____ BI-WEEKLY _____ MONTHLY _____		
BANK WITH	CKG. ACCT. NO.	SAVINGS ACCT. NO.	CHG. CARD NO.				

JOINT APPLICATION OR OTHER PARTY INFORMATION Complete only if: for joint credit or for individual credit relying on income from other sources.							
NAME (FIRST, MIDDLE, LAST)			DATE OF BIRTH	SOCIAL SECURITY NO.		TELEPHONE	
ADDRESS					ZIP CODE	HOW LONG?	
E-MAIL			CELL PHONE				
FORMER ADDRESS				HOW LONG?	NO. OF DEPENDENTS?		
NAME & ADDRESS OF APPLICANT'S NEAREST RELATIVE - NOT IN HOUSEHOLD					RELATIONSHIP & TELEPHONE		
<input type="checkbox"/> RENT <input type="checkbox"/> OWN	RESIDENCE TITLED IN NAME OF	MONTHLY PAYMENT \$	ORIGINAL COST \$	BALANCE OWING \$	NAME & ADDRESS OF LANDLORD OR MORTGAGEE		
EMPLOYER NAME & ADDRESS						HOW LONG?	
BUSINESS PHONE	EXT.	POSITION OR TITLE	SALARY PER MONTH GROSS \$ _____ NET \$ _____		HOW PAID: WEEKLY _____ BI-WEEKLY _____ MONTHLY _____		
BANK WITH	CKG. ACCT. NO.	SAVINGS ACCT. NO.	CHG. CARD NO.				

OTHER INCOME: (LISTING OF ALIMONY, CHILD SUPPORT AND MAINTENANCE PAYMENTS IS OPTIONAL IF YOU ARE NOT RELYING ON THAT INCOME IN APPLYING FOR CREDIT OR AS A BASIS FOR REPAYMENT OF THE LOAN IF INCOME FROM THOSE SOURCES IS LISTED. PROVIDE INFORMATION FOR THE PERSON MAKING THOSE PAYMENTS IN "CO-APPLICANT" SECTION):

APPLICANT	<input type="checkbox"/> WEEKLY	<input type="checkbox"/> MONTHLY	<input type="checkbox"/> YEARLY	GROSS / NET \$ _____	SOURCE _____
JT. APPLICANT	<input type="checkbox"/> WEEKLY	<input type="checkbox"/> MONTHLY	<input type="checkbox"/> YEARLY	GROSS / NET \$ _____	SOURCE _____

MARITAL STATUS Complete only if: for joint or secured credit, or applicant resides in a community property state or is relying on income or assets from other sources.

APPLICANT	<input type="checkbox"/> Married	<input type="checkbox"/> Separated	<input type="checkbox"/> Unmarried (including single, divorced, and widowed)
JT. APPLICANT	<input type="checkbox"/> Married	<input type="checkbox"/> Separated	<input type="checkbox"/> Unmarried (including single, divorced, and widowed)

Complete the following information about both the Applicant and Joint Applicant or Other Person (if applicable):
 Are you obligated to make Alimony, Support or Maintenance Payments? No Yes Amount per month _____
 Have you been declared bankrupt in the last 10 years? No Yes

I (WE) HEREBY CERTIFY THAT THE ABOVE INFORMATION, INCLUDING WITHOUT LIMITATION THE ABOVE PURPOSE, IS TRUE, CORRECT AND COMPLETE. I (WE) HEREBY AUTHORIZE SUCH CREDIT INQUIRIES AS MAY BE DEEMED NECESSARY TO CONFIRM AND INVESTIGATE MY (OUR) INCOME, LIABILITIES, CREDIT AND FINANCIAL RESPONSIBILITIES AND I (WE) HEREBY CONSENT TO THE RELEASE AND DISCLOSURE OF THE INFORMATION SOUGHT BY THOSE INQUIRIES.

Signature of Applicant _____ Date _____ Signature of Applicant _____ Date _____