

DEALER NAME AND NUMBER: _____

Lease Retail

STANDARD CREDIT APPLICATION



Before completing this form please read the directions carefully. (Check appropriate box). Applicant, if married, may apply for a separate account.

- If you are applying for individual credit in your own name and relying on your own income or assets and not the income or assets of another person as a basis for the repayment of the credit requested, complete only **Section A**.
- If you are applying for joint credit with another person, sign where indicated and complete **Sections A and B**.
- If you are married and live in a community property state, please complete **Section A** about yourself and **Section B** about your spouse. You must sign this application. Your spouse must sign this application only if he/she wishes to be a co-applicant.
- If you are applying for business credit complete **Section A**. If you are applying for business credit with a co-applicant, complete **Sections A and B**.

-A- APPLICANT'S CREDIT INFORMATION

| | | | | | | | | | | | |
|---|--|----------------------------------|----------------------|-------------------------------------|-----------------------------------|----------------------|-------------|--|------------------------------|-----------------------|-------------------|
| FIRST NAME OR BUSINESS NAME | | MIDDLE | LAST | SR JR | SOCIAL SECURITY NO. OR (TAX ID #) | | | | DATE OF BIRTH MO. DAY YR. | | HOME PHONE () |
| PRESENT ADDRESS | | NUMBER AND STREET | | CITY | COUNTY | | STATE | ZIP | LIVED THERE YEARS MONTHS | | |
| RENT BY MO. LIVE WITH RELATIVES OWN <input type="checkbox"/> | | LANDLORD OR MORTGAGE HOLDER NAME | | | MO. PAYMENT OR RENT \$ | | | | | | |
| EMPLOYED BY SELF <input type="checkbox"/> OTHERS <input type="checkbox"/> | | NAME | | BUSINESS ADDRESS, NUMBER AND STREET | | CITY | STATE | YEARS | HOW LONG MONTHS | BUS. PHONE NO. () | |
| TRADE OR OCCUPATION | | GROSS SALARY OR WAGES \$ | | NAME OF PREVIOUS EMPLOYER | | ADDRESS | | NO. YEARS | | | |
| 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 | | | | GROSS AMOUNT \$ | | <input type="checkbox"/> WEEK <input type="checkbox"/> MONTH <input type="checkbox"/> YEAR | | | |
| NAME OF BANK | | | CONTACT NAME AT BANK | | | CONTACT PHONE NUMBER | | CHECKING ACCOUNT NO. | | | |
| NAME OF CREDITOR OF LAST CAR FINANCED | | | | PHONE NO. | | | ACCOUNT NO. | | | | |
| NAME AND ADDRESS OF PARENTS OR NEAREST RELATIVE NOT LIVING WITH ME | | | NAME | | ADDRESS | | PHONE NO. | | RELATIONSHIP | | |
| RELATIONSHIP TO APPLICANT (IF ANY) | | | | | | | | | | | |

-B- THE OTHER PARTY'S CREDIT INFORMATION

| | | | | | | | | | | | |
|---|--|----------------------------------|----------------------|-------------------------------------|------------------------|-------------------------|-------|----------------------|------------------------------|-----------------------|-------------------|
| FIRST NAME | | MIDDLE | LAST | SR JR | SOCIAL SECURITY NO. | | | | DATE OF BIRTH MO. DAY YR. | | HOME PHONE () |
| PRESENT ADDRESS | | NUMBER AND STREET | | CITY | COUNTY | | STATE | ZIP | LIVED THERE YEARS MONTHS | | |
| RENT BY MO. LIVE WITH RELATIVES OWN <input type="checkbox"/> | | LANDLORD OR MORTGAGE HOLDER NAME | | | MO. PAYMENT OR RENT \$ | | | | | | |
| EMPLOYED BY SELF <input type="checkbox"/> OTHERS <input type="checkbox"/> | | NAME | | BUSINESS ADDRESS, NUMBER AND STREET | | CITY | STATE | YEARS | HOW LONG MONTHS | BUS. PHONE NO. () | |
| TRADE OR OCCUPATION | | GROSS SALARY OR WAGES \$ | | NAME OF PREVIOUS EMPLOYER | | ADDRESS | | NO. YEARS | | | |
| 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 | | | | GROSS MONTHLY AMOUNT \$ | | | | | |
| NAME OF BANK | | | CONTACT NAME AT BANK | | | CONTACT PHONE NUMBER | | CHECKING ACCOUNT NO. | | | |

VEHICLE INFORMATION TO BE COMPLETED BY SELLER

| | | | | |
|------------------------------------|------------------------|------------------------------|----------------------------|------------------|
| <input type="checkbox"/> NEW | VEHICLE YEAR | VEHICLE MAKE | VEHICLE MODEL | VEHICLE TRIM |
| <input type="checkbox"/> USED | | | | |
| <input type="checkbox"/> CERTIFIED | INVOICE/WHOLESALE/MSRP | TERM | MONTHLY PAYMENT | ODOMETER MILEAGE |
| <input type="checkbox"/> OTHER | | | | |
| CASH PRICE (1) | NET TRADE (2) | CASH DOWN AND/OR REBATES (3) | UNPAID BALANCE (1 - 2 - 3) | AMOUNT FINANCED |

VEHICLE INSURANCE is required for the full term of the Contract, at your expense, against the hazards of fire, theft and accidental physical damage (including collision). This insurance must protect the interests of you and the lender. The policies issued by the insurance company will describe the terms and conditions. **YOU MAY CHOOSE THE PERSON THROUGH WHOM ANY INSURANCE IS OBTAINED.**

I/we, 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/us periodically and to gather employment history as they consider necessary and appropriate; (3) authorize your affiliates to obtain credit reports on me/us; (4) authorize financial institutions, affiliates, and others to exchange credit, account and financial information about me, and (5) understand that the creditor or any financial institution to whom this application is submitted will retain this application whether or not it is approved, and that it is my/our responsibility to notify the creditor of any changes of name, address or employment.

FAIR CREDIT REPORTING ACT DISCLOSURE: This application for credit may be submitted to various financial institution(s). Before this application is submitted, the name(s) and address(es) of the institution(s) that will receive copies of this application will be disclosed to me/us.

CA, NY, OH, RI, VT AND WI RESIDENTS: SEE THE REVERSE SIDE OF THIS APPLICATION FOR FURTHER IMPORTANT DISCLOSURES AND INFORMATION.

CO-APPLICANT'S SIGNATURE MEANS YOU INTEND TO APPLY FOR JOINT CREDIT

X _____
APPLICANT'S SIGNATURE DATE

X _____
CO-APPLICANT'S SIGNATURE: DATE