



CREDIT APPLICATION

Dir. Telephone ()

Inst. Description _____

Purchase Price _____

Down Payment _____

Balance Financed _____

Dealer Name _____ Dir. No. _____ Date _____

Term _____ APR _____

NOTICE TO APPLICANTS - YOU MAY APPLY FOR CREDIT IN YOUR NAME ALONE WITHOUT YOUR SPOUSE OR ANY OTHER PERSON REGARDLESS OF YOUR SEX OR MARITAL STATUS. THE FEDERAL EQUAL CREDIT OPPORTUNITY ACT PROHIBITS CREDITORS FROM DISCRIMINATING AGAINST CREDIT APPLICANTS ON THE BASIS OF RACE, COLOR, RELIGION, NATIONAL ORIGIN, SEX, MARITAL STATUS, AGE (PROVIDED THE APPLICANT HAS THE CAPACITY TO ENTER INTO A BINDING CONTRACT), BECAUSE ALL OR PART OF THE APPLICANT'S INCOME DERIVES FROM ANY PUBLIC ASSISTANCE PROGRAM; OR BECAUSE THE APPLICANT HAS, IN GOOD FAITH, EXERCISED ANY RIGHT UNDER THE CONSUMER CREDIT PROTECTION ACT. THE FEDERAL AGENCY THAT ADMINISTERS OUR COMPLIANCE WITH THIS LAW IS THE FEDERAL TRADE COMMISSION EQUAL CREDIT OPPORTUNITY, WASHINGTON, DC 20580. YOU DO STATE AND REPRESENT THAT THE INFORMATION LISTED ON THIS APPLICATION IS TRUE AND COMPLETE. YOU AUTHORIZE US AND/OR ANY PROPOSED ASSIGNED TO VERIFY YOUR CREDIT STANDING AND EMPLOYMENT AS DEEMED NECESSARY.

APPLICANT INFORMATION

First Name	Initial	Last	Birthdate	No. Dependents	Social Security No.	<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Board
Present Address (Number & Street)					Home Telephone ()	
City	State	Zip	How Long	Cell Phone ()	Email	
Previous Address	City	State	Zip	Delivery Address (if different)	City	State Zip
Name & Address of Current Landlord or Mortgagee					Street	City State Zip
This instrument is being purchased primarily for:					<input type="checkbox"/> Personal, family or household purposes OR <input type="checkbox"/> Business, charitable, or commercial usage (including teaching or performing)	

EMPLOYMENT

Applicant's Employer and Address (if military list branch, serial no. and station)			
Occupation	Net Salary \$ mo.	Other income (indicate source on reverse) \$	Business Phone _____ Ext. _____ Dept. _____
Previous Employer and Address (if Military list branch and serial no.)			How Long yrs.

ADDITIONAL PARTY INFORMATION (IF APPLICABLE)

First Name	Initial	Last	Relationship to Applicant	Address	City	State	Zip	How Long
Employer	Business Address			City	State	Zip	Business Phone _____ Ext. _____ Dept. _____	How Long
Occupation	Monthly Income	Social Security No.			Home Telephone ()			
Email Address			Birthdate	Cell Phone ()				
Bank	Address & Branch						<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Loan	

CREDIT REFERENCES	NAME IN WHICH ACCT. IS CARRIED	ACCOUNT NO.	DATE OPENED	BALANCE	TERMS MONTHS/\$ PER MO.

NAME & ADDRESS OF TWO NEAREST RELATIVES	Street	City	State	Zip	Telephone
1.					
2.					

Drivers License No.	State Issued	
APPLICANT _____ (Signature)	WITNESS _____ (Signature)	DATE _____
APPLICANT _____ (Signature)	WITNESS _____ (Signature)	DATE _____