

MOTOR VEHICLE CREDIT APPLICATION FOR PURCHASE OR LEASE

IMPORTANT: BEFORE COMPLETING THIS FORM, READ THE DIRECTIONS CAREFULLY:

(Check appropriate box at right):

Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have them considered as a basis for repaying this obligation.

☐ I, the applicant, am applying for credit in my name only, relying on my own assets and income. None of the 3 checkbox items apply to me.

☐ I, the applicant, intend to rely in whole or in part on the assets or income of another person, the co-applicant, for repayment.

☐ I, the applicant, am married and live in California or another community property state. Thus information about my spouse is included.

☐ The vehicle is being purchased for the use of another person instead of, or in addition to me, the applicant. Thus, the other person is included as co-applicant.

SECTION A. APPLICANT INFORMATION

LAST NAME	FIRST	INITIAL	BIRTH DATE	SOCIAL SECURITY NUMBER	DRIVER'S LICENSE	AGES OF DEPENDENTS	MARITAL STATUS		
HOME ADDRESS			CITY	STATE	ZIP	CELL PHONE	HOME PHONE	HOW LONG?	
PREVIOUS ADDRESS (ONLY IF CURRENT IS LESS THAN 5 YEARS)					CITY	STATE	ZIP	HOW LONG?	
PRESENT EMPLOYER		ADDRESS		CITY	STATE	ZIP	OCCUPATION OR RANK	PHONE	HOW LONG?
PREVIOUS EMPLOYER (IF CURRENT IS LESS THAN 5 YEARS)			ADDRESS		CITY	STATE	ZIP	PHONE	HOW LONG?
NEAREST RELATIVE NOT LIVING WITH APPLICANT				CITY	STATE	ZIP	PHONE	RELATIONSHIP	
INCOME	Applicant's gross monthly income from employment:								
	Other monthly income and source(s):								
	TOTAL MONTHLY INCOME:								

SECTION B. ASSET & DEBT INFORMATION

<input type="checkbox"/> OWN <input type="checkbox"/> RENT	LANDLORD OR MORTGAGE HOLDER				ADDRESS		MORTGAGE BALANCE	PAYMENT OR RENT									
DATE OF PURCHASE		AGE OF HOME		PURCHASE PRICE OF HOME		CURRENT MARKET VALUE OF HOME		2 ND MORTGAGE	PAYMENT								
PRESENT VEHICLE FINANCED BY/LEASED BY		ACCOUNT NO.		ADDRESS		CITY	STATE	ZIP	MONTHLY PAYMENT								
PRESENT VEHICLE FINANCED BY/LEASED BY		ACCOUNT NO.		ADDRESS		CITY	STATE	ZIP	MONTHLY PAYMENT								
BANK REFERENCE		ACCOUNT NO.		BRANCH ADDRESS		<input checked="" type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS		BALANCE									
BANK REFERENCE		ACCOUNT NO.		BRANCH ADDRESS		<input type="checkbox"/> CHECKING <input checked="" type="checkbox"/> SAVINGS		BALANCE									
HAVE YOU HAD ANY PROPERTY REPOSSESSED?		<input type="checkbox"/> YES <input type="checkbox"/> NO		DO YOU HAVE ANY LAWSUITS PENDING AGAINST YOU?		<input type="checkbox"/> YES <input type="checkbox"/> NO		HAVE YOU EVER FILED BANKRUPTCY OR IS A PROCEEDING IN PROGRESS OF EXPECTED?		<input type="checkbox"/> YES <input type="checkbox"/> NO		MILITARY RESERVE?		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> ACTIVE <input type="checkbox"/> INACTIVE	
PERSONAL FRIEND KNOWN OVER ONE YEAR				CITY		STATE		ZIP		PHONE							
PERSONAL FRIEND KNOWN OVER ONE YEAR				CITY		STATE		ZIP		PHONE							

FAIR CREDIT REPORTING ACT DISCLOSURE: This application for credit may be submitted by the dealer to various financial institutions in connection with possible purchase or authorization of a vehicle contract. Upon request, names of other institutions receiving this application will be provided. The undersigned jointly and severally (1) certify the above information to be accurate and complete and intend it to be relied upon to judge creditworthiness; (2) agree that this application and all related information may be indefinitely retained whether or not credit is extended; (3) certify that the vehicle will not be used for any illegal or restricted purpose; (4) authorize consumer credit reports and investigation of asset, debt, and employment history to be obtained in connection with this application and for any update, review, collection, renewal or extension of the credit received; (5) authorize the exchange of credit, account and financial information about the undersigned, AND UNLESS THE CIRCLE THAT FOLLOWS IS MARKED, AUTHORIZE THE DEALER AND ASSIGNEE OR OTHER PERSON TO WHOM THIS APPLICATION IS SUBMITTED TO SHARE AND USE INFORMATION ABOUT ME, INCLUDING INFORMATION IN MY APPLICATION, WITH OTHER ENTITIES THAT ARE RELATED TO THEM BY COMMON OWNERSHIP OR AFFILIATED BY THEM BY COMMON CONTROL. IF THE CURCLE IS MARKED, I DIRECT THE DEALER AND ANY ASSIGNEE OR OTHER PERSON TO WHOM THIS APPLICATION IS SUBMITTED NOT TO GIVE INFORMATION TO SUCH ENTITIES (OTHER THAN INFORMATION ON THEIR OWN TRANSACTIONS AND EXPERIENCES) ☒; (6) agree to be solely responsible for making arrangements for delivery of communications to be provided to the undersigned in connection with this application; and (7) I ALSO ACKNOWLEDGE RECEIPT OF A COPY OF THIS APPLICATION.

X

APPLICANT SIGNATURE

DATE