

CLASS CODE:  RETAIL  RCL  OTHER

CHECK ONE APPLICABLE BOX (PRIMARY APPLICANT AND JOINT APPLICANTS MUST COMPLETE SEPARATE FORMS):

Primary Applicant: <input type="radio"/>	Joint Applicant: <input type="radio"/> Application is for joint credit with primary applicant or as a guarantor. <input type="checkbox"/> Primary applicant is relying on you for income for alimony, child support, or separate maintenance or on your income or assets as the basis for repayment of the credit requested.
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If Joint Applicant, Relationship to Applicant:

<input type="checkbox"/> S - Married	<input type="radio"/> P-Parent
<input type="radio"/> O - Other	

Last Name	First Name	Middle Name	<b>4 Jr</b>
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Date of Birth	Boc. Sac. No.	Driver's License No. and State
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Present Address (Number and Street)	City	State	Zip Code
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Mailing Address (if different)	City	State	Zip Code
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county	Phone in <input type="radio"/> Yes <input type="radio"/> No	Phone Number Area Code ( )	1 <input type="checkbox"/> Own Home outright 2 <input type="radio"/> Buying Home	3 <input checked="" type="checkbox"/> Living with Relatives 4 <input type="radio"/> Leasing/Renting	5 <input type="radio"/> Own/Buying Mobile Home Lived There <input type="radio"/> Yrs. <input type="radio"/> E <input type="radio"/> Mos.
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Name end Address of Landlord or Mortgage Holder	Rant or Mtge. Pmt. \$
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Previous Address (Street, City, State and tip Code) (If less than 2 years at present address)	Lived There Yrs.
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Level Of Education (Age Under 27 Only)	1 <input checked="" type="checkbox"/> 4-Year College Grad.	2 <input type="checkbox"/> 2 -Year College Grad.	3 <input type="checkbox"/> Special Training	4 <input type="radio"/> Some College High School Grad.?	5 <input type="radio"/> Yes	6 <input type="radio"/> No
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Current Employer Name
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Applicant's Occupation (ii military, state rank)	Work Phone Number Area Code ( )	Gross Monthly Salary \$	Time on Job YrS Mos
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*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.	Source of Other Income	Other Income \$
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Previous Employer's Name (if less then 5 years at current employer)	City/State
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Name of Bank	1 <input type="radio"/> Checking & Savings 2 <input checked="" type="radio"/> Checking Only	3 I-J Savings Only 4 <input type="radio"/> No Account
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Have You Ever Had a Car or Other Merchandise Repossessed? <input type="radio"/> No <input type="radio"/> Yes if Yes, When? Month Year	Have You Ever Filed Bankruptcy? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, When? Month Year
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Creditor's Name and City / State	Date Opened	Monthly Pmt. Amount	Unpaid Balance	Creditor's Name and City / State	Date Opened	Monthly Pmt. Amount	Unpaid BALANCE
(current/Previous Cars Financed by or Leased Through)				(Other Credit)			
(1)				(3)			
(2)				(4)			

Name end Address of Applicant's Neatest Relatives/Friends Not in Household (1)	Phone No. Area Code ( )	Relationship
(2)	Phone No. Area Code ( )	Relationship
(3)	Phone No. Area Code ( )	Relationship
(4)	Phone No. Area Code ( )	Relationship

For the purpose of securing credit from you, I certify that the above information is true and complete to the best of my knowledge. Applicant further certifies that I have attained the age of majority. Applicant authorizes you, to check my credit and employment history and to provide and/or obtain information about credit experience with me.

H" \$ E t to EN R L i3'	<input type="checkbox"/> New <input type="checkbox"/> Used	Vehicle Identification Number					(1) Cash Price/Cap Cost (Incl. tax, title, reg. fees).....\$. _____ (1)
	Year	Model	Make	Body Style (ii used vehicle)	Mileage (if used vehicle)	(2) Down Payment/Cap Cost Reduction Cash \$ _____ + Rebate \$ _____ \$ _____ (A) Trade: Allow. \$ _____ <b>Over</b> \$ _____ (B)	
	Optional Equipment (if used vehicle)					Total of Line (2) (A+B) _____ (2)	
	<input type="checkbox"/> Air <input type="checkbox"/> P/S <input type="checkbox"/> P/B <input type="checkbox"/> Auto Tr. <input type="checkbox"/> Other	Trade	Make	Model	Body Style	Dealer Name	(3) Unpaid Balance/Acquisition Coat (1 2) _____ (3) If RCL: MSRP \$ _____ /LEV \$ _____

acknowledge by signing this document that I have read both sides of this form.

The dealer and its assigns may share and use information about you, including information in this application, with entities that are related by common ownership or affiliated by common control. If you do not want this information shared with these entities, please mark the box provided below.

By checking this box, I do not want this information shared (other than information on transactions or experiences with me).

Applicant Signature: _____	Date: _____
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