

CONSUMER CREDIT APPLICATION

Dealer Name _____

APPLICANT INFORMATION

Last Name		First Name		MI	Bank (Branch & City)		Date of Birth	Social Security Number		
Present Address		City	State	Zip	Time at Address Checking Saving Yrs Mos		Rent Own	Other	Mortgage Co. or Landlord	\$ Amount
Previous Address (if less than 2 yrs.)		City	State	Zip	Home Phone		Work Phone			
Employer Name			Length of Employment Yrs Mos		Occupation			Gross Annual Salary		
Previous Employer (if less than 2 yrs.)			Length of Employment Yrs Mos		Source of other income			Other Income \$		

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.

JOINT APPLICANT INFORMATION

Last Name		First Name		MI	Jr/Sr	Date of Birth	Social Security Number			
Present Address		City	State	Zip	Time at Address Yrs Mos		Rent Own	Other	\$ Amount	
Previous Address (if less than 2 yrs.)		City	State	Zip	Home Phone		Work Phone			
Employer Name			Length of Employment Yrs Mos		Occupation			Gross Annual Salary		
Previous Employer (if less than 2 yrs.)			Length of Employment Yrs Mos		Source of other income			Other Income \$		

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.

REFERENCES

Nearest Relative Not Living W/ Applicant		Relationship	Address		Phone
Personal Referenece		Relationship	Address		Phone

VEHICLE INFORMATION

New	Used	Demo	Year	Make	Model	Body Style	Mileage
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CONTRACT INFORMATION

SALE PRICE \$	Total Amount Financed incl. Taxes & Fees \$	Term: Months	Monthly Payment \$
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DOWN PAYMENT INFORMATION

Cash \$	Gross Trade-In \$	Amount Owed \$	Net Trade-In \$	Total Down Payment \$
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TRADE-IN VEHICLE INFORMATION

Year	Make	Model	Body Style	Mileage
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I certify that the above information is complete and accurate to the best of my knowledge. I understand that the creditor will retain this application whether or not it is approved. I also understand that the creditor will rely on this application in deciding whether to grant the requested credit. I understand that false statements may subject me to criminal penalties. I authorize the creditor to check my credit and employment history. If this application is approved, I also authorize the creditor to give information about its credit experience with me to others. CREDIT REPORTING ACT DISCLOSURE: This application may be submitted by the dealer to various financial institutions. Before this application is submitted, the dealer will disclose to you, the name and address of the financial institution(s) who will receive a copy of this application.

Applicant Signature_____
Date_____
Joint Applicant Signature_____
Date