

# CREDIT APPLICATION

Attention: \_\_\_\_\_

Attention: \_\_\_\_\_

Fax#: \_\_\_\_\_

Sales Person: \_\_\_\_\_

**APPLICANT (Principal Driver of Vehicle)****JOINT APPLICANT (Relationship)**

First Name			MI	Last Name			First Name			MI	Last Name		
Full Name						Full Name							
Street Address			Apt#	How Long?			Street Address			Apt#	How Long?		
				Years   Months							Years   Months		
City			State	Zip Code			City			State	Zip Code		
Home Phone Number:						Home Phone Number:							
Email:						Email:							
Date of Birth			Social Security #			Date of Birth			Social Security #				
<input type="checkbox"/> OWN			<input type="checkbox"/> LIVE WITH RELATIVE	MONTHLY PAYMENTS			<input type="checkbox"/> OWN			<input type="checkbox"/> LIVE WITH RELATIVE	MONTHLY PAYMENTS		
<input type="checkbox"/> RENT			<input type="checkbox"/> OTHER	\$			<input type="checkbox"/> RENT			<input type="checkbox"/> OTHER	\$		

**Employment information**

Employer Name			How Long?			Employer Name			How Long?		
			YRS   MOS						YRS   MOS		
Employer Address						Employer Address					
Position Title		Work Phone		Gross Annual Salary		Position Title		Work Phone		Gross Annual Salary	
				\$						\$	
Other Source of Income				Annual Amount		Other Source of Income				Annual Amount	
				\$						\$	
PREVIOUS EMPLOYER OR SCHOOL				How Long?		PREVIOUS EMPLOYER OR SCHOOL				How Long?	
				YRS   MOS						YRS   MOS	

**SIGN**

NOTICE: THE UNDERSIGNED, HEREBY AUTHORIZES THE DEALER, AND/OR (COLLECTIVELY "PROSPECTIVE CREDITORS") TO VERIFY CREDIT AND EMPLOYMENT HISTORY AS STATED ABOVE AND TO ANSWER QUESTIONS ABOUT CREDIT EXPERIENCE WITH ME. IF THIS APPLICATION IS MADE PURSUANT TO ANY CREDIT PROGRAM FOR ATTENDEES AND/OR GRADUATES OF SCHOOLS OR EDUCATIONAL INSTITUTIONS, THEN PROSPECTIVE CREDITORS MAY VERIFY MY ELIGIBILITY FOR SUCH PROGRAM, INCLUDING BY INQUIRY TO MY SCHOOL(S) OR EDUCATIONAL INSTITUTION(S). INSURANCE RELATED TO THE CREDIT FOR WHICH I AM APPLYING MAY BE PURCHASED FROM AN INSURER OR AGENT OF MY CHOICE WHO MEETS PROSPECTIVE CREDIT OR STANDARDS. IN CONNECTION WITH THIS APPLICATION FOR CREDIT, PROSPECTIVE CREDITORS MAY REQUEST A CONSUMER (CREDIT) REPORT ON MY REQUEST. PROSPECTIVE CREDITORS WILL ADVISE ME IF THE REPORT WAS ACTUALLY ORDERED AND IF SO, THE NAME AND ADDRESS OF THE AGENCY THAT FURNISHED THE REPORT. PROSPECTIVE CREDITORS MAY ORDER SUBSEQUENT CONSUMER (CREDIT) REPORTS. I AUTHORIZE PROSPECTIVE CREDITORS TO ASK MY PAST AND CURRENT CREDITORS ("CREDIT REFERENCES"), INCLUDING CREDITORS LISTED ABOVE OR ON MY CONSUMER (CREDIT) REPORT, ABOUT MY CREDIT PERFORMANCE WITH THEM. PROVISION BY PROSPECTIVE CREDITORS OF A COPY OF THIS AUTHORIZATION SHALL SERVE AS MY DIRECTION THAT MY CREDIT REFERENCES PROVIDE MY CREDIT PERFORMANCE INFORMATION EVERYTHING THAT I HAVE STATED IN THIS APPLICATION IS CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT PROSPECTIVE CREDITORS WILL RETAIN THIS APPLICATION WHETHER OR NOT IT IS APPROVED. I WILL NOTIFY PROSPECTIVE CREDITORS, IF APPLICABLE, WITHIN A REASONABLE TIME OF ANY CHANGE IN MY NAME, ADDRESS OR EMPLOYMENT.

X \_\_\_\_\_ Date: \_\_\_\_\_ X \_\_\_\_\_ Date: \_\_\_\_\_

**SIGNATURE OF APPLICANT****SIGNATURE OF JOINT APPLICANT****FINANCE / LEASE TERMS**

<input type="checkbox"/> NEW <input type="checkbox"/> USED <input type="checkbox"/> DEMO			YEAR	MAKE		MODEL		MSRP:	
<input type="checkbox"/> LEASE <input type="checkbox"/> FINANCING			EXTERIOR COLOR		INTERIOR COLOR		PACKAGES		
TERM: MONTHS			MILAGE PER YEAR:			PER MONTH: \$			
						TOTAL DUE AT DELIVERY: \$			

COMMENTS:

Please attach copy of your driver license. Copy of registration if you need to transfer plates.