

APPLICANT _____ (Signature)		WITNESS _____ (Signature)		DATE _____	
APPLICANT _____ (Signature)		WITNESS _____ (Signature)		DATE _____	
Drivers License No. _____			State Issued _____		
1. _____			2. _____		
NAME & ADDRESS OF TWO NEAREST RELATIVES					
Street _____		City _____		State _____	
Zip _____		Telephone _____			
CREDIT REFERENCES		NAME IN WHICH ACCT. IS CARRIED		ACCOUNT NO.	
DATE OPENED		BALANCE		TERMS MONTHS PER MO.	
Bank _____ <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Loan					
Email Address _____		Birthdate _____		Cell Phone ( ) _____	
Occupation _____		Monthly Income _____		Social Security No. _____	
Home Telephone _____					
Employer _____		Business Address _____		City _____	
State _____		Zip _____		Business Phone _____	
Ext. Dept. _____		How Long _____			
First Name _____		Initial _____		Last _____	
Relationship to Applicant _____		Address _____		City _____	
State _____		Zip _____		How Long _____	
<b>ADDITIONAL PARTY INFORMATION (IF APPLICABLE)</b>					
Previous Employer and Address (if Military list branch and serial no.) _____					
How Long _____ yrs.					
Occupation _____		Net Salary \$ _____ mo.		Other income (indicate source on reverse) \$ _____	
Business Phone _____		Ext. Dept. _____			
Applicant's Employer and Address (if military list branch, serial no. and station) _____					
<b>EMPLOYMENT</b>					
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)					
Name & Address of Current Lessor or Mortgagee _____					
Street _____		City _____		State _____	
Zip _____		Rent or Mortg. Pmt \$ _____			
Previous Address _____		City _____		State _____	
Zip _____		Delivery Address (if different) _____		City _____	
State _____		Zip _____		How Long _____	
City _____		Cell Phone _____		Email _____	
Present Address (Number & Street) _____					
Home Telephone _____					
First Name _____		Initial _____		Last _____	
Birthdate _____		No. Dependents _____		Social Security No. _____	
<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Board					
<b>APPLICANT INFORMATION</b>					
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.					

Dealer Name _____		Dir. No. _____		Date _____	
Term _____		APR _____			
Balance Financed _____		Down Payment _____		Purchase Price _____	
Inst. Description _____		Dir. Telephone ( ) _____			

### CREDIT APPLICATION

