

Standard Retail Lease
 Fixed Value

DEALERSHIP NAME _____

CREDIT APPLICATION

READ these directions BEFORE completing this Application



If applying for individual credit in your own name and relying only on your own income or assets for repayment of the credit requested, complete Section B.

If applying for joint credit with another person, complete Sections B and C.

If applying for individual credit, but are relying on income from alimony, child support, separate maintenance or on the income or assets of another person as the basis for repayment of the credit requested, complete Section B and provide information in Section C about the other person.

Wisconsin residents must complete Section D.

SECTION A: VEHICLE

<input type="checkbox"/> NEW <input type="checkbox"/> USED	<input type="checkbox"/> AUCTION <input type="checkbox"/> VEHICLE	MILEAGE	VEHICLE IDENTIFICATION NO.	Cash Price	\$
YR.	MAKE	MODEL	ENGINE	Cash Down \$	+ Rebate \$ = \$
<input type="checkbox"/> A/C <input type="checkbox"/> A/T	<input type="checkbox"/> P.S./P.B. LIST OTHER EQUIP.:			Trade-In Allowance	\$
TRADE IN	YR.	MAKE	MODEL	Owing on Trade	\$
<input type="checkbox"/> A/C <input type="checkbox"/> A/T	<input type="checkbox"/> P.S./P.B. LIST OTHER EQUIP.:	MILEAGE	ENGINE	Net Trade-In	\$
OTHER CHARGES				Total Down Payment	\$
LIFE/A & H-\$	SERV. CONT.-\$	OTHER-\$		Unpaid Balance of Cash Price	\$
INSURANCE INFORMATION			INSURANCE COMPANY	Total of Other Charges to be Financed	\$
			AGENT'S NAME	Total Amount to be Financed for	mos. \$
			PHONE NO. ()		

SECTION B: APPLICANT

APPLICANT'S NAME (LAST, FIRST, MIDDLE INIT.)	HAVE YOU EVER FILED BANKRUPTCY? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN? / /
ADDRESS	DATE OF BIRTH	SOCIAL SECURITY NO.
CITY, STATE, ZIP	DRIVER'S LICENSE NO.	
HOME PHONE NO. ()	E-MAIL	STATE
MORTGAGE COMPANY/LANDLORD	MARKET VALUE \$	EXPIRATION DATE
TIME AT RES. YRS? MOS? <input type="checkbox"/> OWNING/BUYING <input type="checkbox"/> RENTING <input type="checkbox"/> OTHER	RENT/MORT. \$	NAME OF NEAREST RELATIVE NOT IN HOUSEHOLD
PREVIOUS ADDRESS, CITY, STATE, ZIP	ADDRESS, CITY, STATE, ZIP	PHONE NO. ()
EMPLOYMENT	EMPLOYER'S NAME AND ADDRESS	RELATIONSHIP
MONTHLY INCOME \$	BUSINESS PHONE NO. ()	NAME OF ANOTHER RELATIVE NOT IN HOUSEHOLD
PREVIOUS EMPLOYER NAME AND ADDRESS	OCCUPATION	PHONE NO. ()
OTHER INCOME	Source(s) of other income: alimony, child support or separate maintenance income need not be disclosed if you do not wish to have it considered as a basis for repaying this obligation.	RELATIONSHIP
ADDITIONAL MONTHLY INCOME \$	SOURCE(S):	

PRINCIPALS (To be completed if a Corporation or Partnership)

STATE OF INCORPORATION	NAME OF PRINCIPAL / APPLICANT	TITLE	YRS?	% OF OWNERSHIP
DATE OF INCORPORATION	NAME OF PRINCIPAL / APPLICANT	TITLE	YRS?	% OF OWNERSHIP

CREDIT REFERENCES

— Include finance companies, banks, credit cards, charge accounts, suppliers. Indicate any other name(s) under which credit references and/or credit history may be verified.

OTHER NAME(S): _____

NAME OF CREDITOR / CREDIT CARD CO.	ADDRESS, BRANCH, PHONE OR CREDIT CARD NO.	OPEN	CLOSED	DATE OPEN	HIGH	TERM	PAYMENTS	BALANCE (\$)
		<input type="checkbox"/>	<input type="checkbox"/>					
		<input type="checkbox"/>	<input type="checkbox"/>					
PREV. CAR FINANCED OR LEASED WITH	PREVIOUS ACCOUNT WITH CREDITOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/>	<input type="checkbox"/>					

BANK, SAVINGS BANK, OR CREDIT UNION _____ BRANCH OR ADDRESS _____ TYPE OF ACCT. CHECKING SAVINGS

Debts: List all debts including alimony, child support, separate maintenance. Use separate page if needed. \$ _____ PER MO. DEBTS: _____