

CREDIT REQUESTED		A copy of your most recent paystub or Federal Tax Return must accompany this application.		Date
Account Requested	Amount Requested	Number of Payments	Specific Purpose of Loan	
<input type="checkbox"/> Individual <input type="checkbox"/> Joint				
Auto Loan — Make:	Model:	Year:	VIN:	Purchase Price:
				Collateral Offered

COMPLETION INSTRUCTIONS FOR APPLICANT

Complete the Applicant Information section for the first Applicant. Mark the appropriate box to indicate whether the Applicant is applying as a Cosigner, Guarantor, Grantor (of collateral). If the Applicant is married, he or she may apply for individual credit.

APPLICANT INFORMATION: Check if filing as: <input type="checkbox"/> Cosigner <input type="checkbox"/> Guarantor <input type="checkbox"/> Grantor				For whom:	
Full Name: (First, Middle Initial, Last)		Social Security Number		Date of Birth (MM/DD/YY)	
Home Address: (Street, City, State, Zip Code,) (If Rural, Show Road and Box Number)		<input type="checkbox"/> Own <input type="checkbox"/> Rent		Since	
Complete Previous Address: (Street, City, State, Zip Code)				From To	
Are you a U.S. Citizen?		Permanent Resident?		Have You Ever Had Merchandise Repossessed?	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer: (If Self-Employed, Name and Nature of Business)				Since	
Business Address				Business Phone	
				<input type="checkbox"/> Monthly <input type="checkbox"/> Weekly Salary \$	
Former Employer — Complete Name and Address				From To	
Ages of Dependents		Closest Relative Not Living With You: (Other Than Any Other Applicant) (Complete Name and Address)		Relationship	

CO-APPLICANT INFORMATION: Check if filing as: <input type="checkbox"/> Cosigner <input type="checkbox"/> Guarantor <input type="checkbox"/> Grantor				For whom:	
Full Name: (First, Middle Initial, Last)		Social Security Number		Date of Birth	
Home Address: (Street, City, State, Zip Code,) (If Rural, Show Road and Box Number)		<input type="checkbox"/> Own <input type="checkbox"/> Rent		Since	
Complete Previous Address: (Street, City, State, Zip Code)				From To	
Are you a U.S. Citizen?		Permanent Resident?		Have You Ever Had Merchandise Repossessed?	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer: (If Self-Employed, Name and Nature of Business)				Since	
Business Address				Business Phone	
				<input type="checkbox"/> Monthly <input type="checkbox"/> Weekly Salary \$	
Former Employer — Complete Name and Address				From To	
Ages of Dependents		Closest Relative Not Living With You: (Other Than Any Other Applicant) (Complete Name and Address)		Relationship	

OTHER INCOME

APPLICANT		CO-APPLICANT	
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.			
Alimony, child support, separate maintenance received under:		Alimony, child support, separate maintenance received under:	
<input type="checkbox"/> court order <input type="checkbox"/> written agreement <input type="checkbox"/> oral understanding — List source and amount		<input type="checkbox"/> court order <input type="checkbox"/> written agreement <input type="checkbox"/> oral understanding — List source and amount	
SOURCE	MONTHLY AMOUNT \$	SOURCE	MONTHLY AMOUNT \$

Is any income listed in this Section likely to be reduced in the next two years? YES (Explain in detail on a separate sheet) NO

