

(A) APPLICANT INFORMATION					(B) JOINT APPLICANT INFORMATION						
FULL NAME				DOB	FULL NAME				DOB		
SSN		STREET ADDRESS			APT #	SSN		STREET ADDRESS			APT #
CITY		STATE	ZIP	HOW LONG? ____YRS ____MOS		CITY		STATE	ZIP	HOW LONG? ____YRS ____MOS	
HOME PHONE		CELL PHONE		MONTHLY RENT/MORTGAGE		HOME PHONE		CELL PHONE		MONTHLY RENT/MORTGAGE	
RESIDENTIAL STATUS <input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> WITH RELATIVES <input type="checkbox"/> WITH FRIENDS <input type="checkbox"/> OTHER				LANDLORD/MORTGAGE		RESIDENTIAL STATUS <input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> WITH RELATIVES <input type="checkbox"/> WITH FRIENDS <input type="checkbox"/> OTHER				LANDLORD/MORTGAGE	
LANDLORD PHONE		PREVIOUS ADDRESS (if less than 2 yrs at current address)			APT #	LANDLORD PHONE		PREVIOUS ADDRESS (if less than 2 yrs at current address)			APT #
CITY		STATE	ZIP	HOW LONG? ____YRS ____MOS		CITY		STATE	ZIP	HOW LONG? ____YRS ____MOS	
CURRENT EMPLOYER				GROSS MONTHLY SALARY		CURRENT EMPLOYER				GROSS MONTHLY SALARY	
CURRENT EMPLOYER'S ADDRESS			CITY		STATE	CURRENT EMPLOYER ADDRESS			CITY		STATE
ZIP	WORK PHONE	HOW LONG? ____YRS ____MOS		OCCUPATION/JOB TITLE		ZIP	WORK PHONE	HOW LONG? ____YRS ____MOS		OCCUPATION/JOB TITLE	
PREVIOUS EMPLOYER (if less than 2 years at current job)				GROSS MONTHLY SALARY		PREVIOUS EMPLOYER (if less than 2 years at current job)				GROSS MONTHLY SALARY	
PREVIOUS EMPLOYER'S FULL ADDRESS				PHONE		PREVIOUS EMPLOYER'S FULL ADDRESS				PHONE	
STATE	ZIP	HOW LONG? ____YRS ____MOS		OCCUPATION/JOB TITLE		STATE	ZIP	HOW LONG? ____YRS ____MOS		OCCUPATION/JOB TITLE	
SECONDARY EMPLOYER NAME (if applicable)			SECONDARY EMPLOYER ADDRESS			SECONDARY EMPLOYER NAME (if applicable)			SECONDARY EMPLOYER ADDRESS		
CITY		STATE	ZIP	GROSS MONTHLY SALARY		CITY		STATE	ZIP	GROSS MONTHLY SALARY	
SECONDARY EMPLOYER PHONE		HOW LONG? ____YRS ____MOS		OCCUPATION/ JOB TITLE		SECONDARY EMPLOYER PHONE		HOW LONG? ____YRS ____MOS		OCCUPATION/JOB TITLE	
OTHER INCOME NOTE: Alimony, child support, or separate maintenance incomes do not have to be revealed unless the applicant wishes to have such sources considered as a basis for repayment of the requested credit amount.											
GROSS MONTHLY OTHER INCOME			OTHER INCOME SOURCE			GROSS MONTHLY OTHER INCOME			OTHER INCOME SOURCE		
REFERENCE 1				PHONE		ADDRESS				RELATIONSHIP	
REFERENCE 2				PHONE		ADDRESS				RELATIONSHIP	
BANK REFERENCE						<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS					

FAIR CREDIT REPORTING ACT TO CONSUMER

THIS WILL ADVISE YOU THAT YOUR RETAIL INSTALLMENT SALES CONTRACT AND BUYER'S APPLICATION FOR SECURED DEBT WILL BE SUBMITTED TO FINANCIAL INSTITUTIONS AND THEIR AFFILIATES, INCLUDING SOME OF THE FOLLOWING: CEFU, IH MISSISSIPPI VALLEY CREDIT UNION, SECURITY AUTO LOANS, CAPITALONE BANK, WELLS FARGO AUTO FINANCE, AMERICREDIT FINANCIAL SERVICES AND SRINGLEAF FOR PURCHASE AND CONSIDERATION AS TO WHETHER YOU MEET THEIR CREDIT REQUIREMENTS.

THE UNDERSIGNED FURTHER AUTHORIZES THESE FINANCIAL INSTITUTIONS AND THEIR AFFILIATES TO OBTAIN SUCH INFORMATION THAT THEY MAY REQUIRE IN ORDER TO VERIFY INFORMATION RELATIVE TO THIS REQUEST INCLUDING CONTACTING SPOUSES TO VERIFY SPOUSE RELATED INFORMATION.

I CERTIFY THAT ALL INFORMATION GIVEN BY ME ON THIS APPLICATION IS COMPLETE AND ACCURATE. I GIVE MY PERMISSION FOR ANY FINANCIAL INSTITUTION WHICH WILL REVIEW THIS CREDIT APPLICATION, TO INVESTIGATE MY CREDIT AND EMPLOYMENT HISTORY, AND TO ANSWER QUESTIONS ABOUT THEIR CREDIT EXPERIENCE WITH ME INCLUDING BUT NOT LIMITED TO LATE PAYMENTS, MISSED PAYMENTS OR OTHER DEFAULTS, AND THIS INFORMATION MAY BE REPORTED IN YOUR CREDIT REPORT.

TO HELP THE GOVERNMENT FIGHT THE FUNDING OF TERRORISM AND MONEY LAUNDERING ACTIVITIES, FEDERAL LAW REQUIRES ALL FINANCIAL INSTITUTIONS TO OBTAIN, VERIFY, AND RECORD ALL INFORMATION THAT IDENTIFIES EACH PERSON WHO OPENS AN ACCOUNT.

WHAT THIS MEANS FOR YOU: WHEN YOU OPEN AN ACCOUNT, WE WILL ASK FOR YOUR NAME, ADDRESS, DATE OF BIRTH, AND OTHER INFORMATION THAT WILL ALLOW US TO IDENTIFY YOU. WE WILL ASK TO SEE YOUR DRIVER'S LICENSE OR OTHER IDENTIFYING DOCUMENTS.

APPLICANT
SIGNATURE _____
REQUIRED _____ DATE _____
(A) APPLICANT Driver's License No. _____

JOINT APPLICANT
SIGNATURE _____
REQUIRED _____ (means you intend to apply for joint credit) DATE _____
(B) JOINT APPLICANT Driver's License No. _____

FOR DEALER USE ONLY

NEW	USED	DEMO	YEAR	MAKE	BOOK VALUE		
						CASH SELLING PRICE	_____
						NET TRADE	_____
						CASH DOWN	_____
						UNPAID BALANCE	_____
						PLUS INSURANCE & FEES	_____
						TOTAL AMOUNT FINANCED	_____

MODEL	BODY STYLE	MILEAGE		
TRADE IN YEAR	MAKE	MODEL	LIENHOLDER	
TERM	RATE	AMOUNT	DEALER	