



YR.:	MAKE:	MODEL:	M.S.R.P.:	CAP.:	TERM:	PMT.:	RESIDUAL
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READ THE FOLLOWING DIRECTIONS BEFORE COMPLETING THIS APPLICATION AND CHECK APPROPRIATE BOX.

- 1 If you are applying for individual credit in your own name and are relying on your own income or assets and not the income or assets of another person as the basis for the repayment of the credit requested, complete only Section A.
- 2 If you are applying for joint credit with another person or are relying on the income or assets of another person as the basis for repayment of the credit requested, complete Sections A & B, providing information in Section B about the joint applicant or other party.

SECTION A	FULL NAME - LAST		FIRST	MIDDLE	BIRTH DATE	SOCIAL SECURITY NO.		PERSONAL EMAIL ADDRESS	
	PRESENT STREET ADDRESS			CITY		STATE	ZIP	# YR.	TELEPHONE NO.
	PREVIOUS STREET ADDRESS (IF LESS THAN 3 YRS. AT PRESENT)			CITY		STATE	ZIP	# YRS.	
	PRESENT EMPLOYER			TELEPHONE		ADDRESS			
	POSITION OR TITLE				YRS. THERE		NAME OF SUPERVISOR		
	PRESENT GROSS ANNUAL SALARY OR COMMISSION				NO. DEPENDANTS			AGES	
	\$ _____ PER								
	PREVIOUS EMPLOYER (IF LESS THAN 3 YRS. AT PRESENT JOB)				YRS. THERE		ADDRESS		
	____ OWN HOME ____ RENT		NAME OF MORTGAGE HOLDER/LANDLORD				RENT/MTG.		
							\$ _____		
	ORIGINAL AMOUNT OF MORTGAGE				PRESENT BALANCE		PRESENT VALUE		
	\$ _____				\$ _____		\$ _____		
	NAME OF NEAREST RELATIVE NOT LIVING WITH YOU			ADDRESS			RELATIONSHIP	PHONE NO.	
	NAME OF PERSONAL FRIEND			ADDRESS			PHONE NO.		
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.									
OTHER INCOME				SOURCE (S) OF OTHER INCOME					
\$ _____ PER									
Make & Year Auto Owned		FINANCED BY		NAME AND ADDRESS			TRADE		
							□ YES □ NO		

SECTION B	JOINT APPLICANT OR OTHER PARTY INFORMATION - Complete this section only if box 2 at top of application is checked.									
	FULL NAME - LAST		FIRST	MIDDLE	BIRTH DATE	SOCIAL SECURITY NO.		DRIVER'S LICENSE NO.		
	PRESENT STREET ADDRESS			CITY		STATE	ZIP	# YR.	TELEPHONE NO.	
	RELATIONSHIP TO APPLICANT (IF ANY)			NO. DEPENDENTS		AGES				
	PRESENT EMPLOYER			TELEPHONE		ADDRESS				
	POSITION OR TITLE				YRS. THERE		PRESENT NET SALARY OR COMMISSIONS			
	\$ _____ PER									
	PREVIOUS EMPLOYER (IF LESS THAN 3 YRS. AT PRESENT JOB)				YRS. THERE		ADDRESS			
	____ OWN HOME ____ RENT		NAME OF MORTGAGE HOLDER/LANDLORD				RENT/MTG.			
							\$ _____			
	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.									
	OTHER INCOME				SOURCE (S) OF OTHER INCOME					
	\$ _____ PER									
	Make & Year Auto Owned		FINANCED BY		NAME AND ADDRESS			TRADE		
								□ YES □ NO		

NOTICE TO APPLICANT	I certify that I have carefully read the foregoing statement and that the information furnished is complete, true and correct to the best of my knowledge and belief. I authorize you to make such inquiries regarding the information furnished herein as may be required in connection with this application and authorize anyone to furnish it and I agree this statement shall remain your property whether or not this credit is granted.									
	_____ DATE _____				SIGNATURE OF APPLICANT _____ (LS)			SIGNATURE OF JOINT APPLICANT OR OTHER PARTY (SECTION B) _____ (LS)		