

|                                                                                                                  |                                   |                 |          |            |                |                                                                  |                                                                                                        |                                               |            |
|------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------|----------|------------|----------------|------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|-----------------------------------------------|------------|
| PRICE                                                                                                            | DOWN PAYMENT                      | WARRANTY<br>Y N | TRADE IN | PYMNT      | W<br>B<br>S    | TITLE FEE<br>Y N                                                 | MILES                                                                                                  | STOCK #                                       | SALESMAN   |
| NAME FIRST                                                                                                       |                                   | Initial         | LAST     |            |                | SS #                                                             | Drivers LIC #                                                                                          | Sate                                          |            |
| Address                                                                                                          |                                   | City            | State    | County     | Zip Code       | Phone                                                            | Mobile                                                                                                 | Pager                                         |            |
| Landlord or Mortgage Holder (Address and Phone)<br><input type="checkbox"/> Own<br><input type="checkbox"/> Rent |                                   |                 |          |            | How Long?      | Name on Lease                                                    | Rent Amount                                                                                            | Lived in Community<br>Yrs. Mos.               |            |
| Previous Address (To cover 2 Years Residence)                                                                    |                                   |                 |          |            | How Long?      | Date of Birth                                                    | Place of Birth                                                                                         | # of Dependants                               |            |
| Employer Name & Address                                                                                          |                                   |                 | Phone    | Supervisor | How Long?      | Dept/Shift                                                       | Hrs. Work<br>am to pm                                                                                  | Pay Day<br>Mon<br>Tues<br>Wed<br>Thurs<br>Fri | Mo. Income |
| Previous Employer                                                                                                |                                   |                 | Address  |            |                | How Long?                                                        | Yrs. Mos.                                                                                              |                                               |            |
| * Source of Other Income                                                                                         |                                   |                 |          |            |                |                                                                  |                                                                                                        | Monthly                                       |            |
| Type of Credit                                                                                                   | List All Obligations              |                 |          |            |                | <input type="checkbox"/> Open<br><input type="checkbox"/> Closed | Balance High                                                                                           | Mo. Pymnts. or yr.<br>\$                      |            |
|                                                                                                                  |                                   |                 |          |            |                | <input type="checkbox"/> Open<br><input type="checkbox"/> Closed | \$                                                                                                     | \$                                            |            |
|                                                                                                                  | To Whom Balance on Furniture Owed |                 |          |            |                | <input type="checkbox"/> Open<br><input type="checkbox"/> Closed | \$                                                                                                     | \$                                            |            |
| Education                                                                                                        | Class of                          | College or      | Class of |            | Bank Reference |                                                                  | <input type="checkbox"/> Loan<br><input type="checkbox"/> Savings<br><input type="checkbox"/> Checking | Bal.<br>Bal.<br>Bal.                          |            |
| High School                                                                                                      |                                   | Trade School    |          |            |                |                                                                  |                                                                                                        |                                               |            |
| Divorced Ex-Spouse                                                                                               | Name and Address                  |                 |          |            | Phone          | Mobile                                                           | Pager                                                                                                  |                                               |            |
| <input type="checkbox"/> Yes<br><input type="checkbox"/> No                                                      |                                   |                 |          |            |                |                                                                  |                                                                                                        |                                               |            |
| Contact #1                                                                                                       | Yrs. Known                        | Address         |          |            | Relationship   | Phone                                                            |                                                                                                        |                                               |            |
| Employer                                                                                                         | Address                           |                 |          | Phone      |                |                                                                  |                                                                                                        |                                               |            |
| Contact #2                                                                                                       | Yrs. Known                        | Address         |          |            | Relationship   | Phone                                                            |                                                                                                        |                                               |            |
| Employer                                                                                                         | Address                           |                 |          | Phone      |                |                                                                  |                                                                                                        |                                               |            |
| Contact #3                                                                                                       | Yrs. Known                        | Address         |          |            | Relationship   | Phone                                                            |                                                                                                        |                                               |            |
| Employer                                                                                                         | Address                           |                 |          | Phone      |                |                                                                  |                                                                                                        |                                               |            |
| Contact #4                                                                                                       | Yrs. Known                        | Address         |          |            | Relationship   | Phone                                                            |                                                                                                        |                                               |            |
| Employer                                                                                                         | Address                           |                 |          | Phone      |                |                                                                  |                                                                                                        |                                               |            |
| Contact #5                                                                                                       | Yrs. Known                        | Address         |          |            | Relationship   | Phone                                                            |                                                                                                        |                                               |            |
| Employer                                                                                                         | Address                           |                 |          | Phone      |                |                                                                  |                                                                                                        |                                               |            |
| Contact #6                                                                                                       | Yrs. Known                        | Address         |          |            | Relationship   | Phone                                                            |                                                                                                        |                                               |            |
| Employer                                                                                                         | Address                           |                 |          | Phone      |                |                                                                  |                                                                                                        |                                               |            |

|                                                                                                                                                                                                                                                                                                                                                                           |                                                                                     |  |          |     |       |                    |           |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|--|----------|-----|-------|--------------------|-----------|--|--|
| <input type="checkbox"/> Reference<br><input type="checkbox"/> CO-Buyer<br><small>Notice: You are guaranteeing this debt. If the borrower does not pay you WILL have to. The creditor can use the same collection methods against you that can be used against the borrower. This debt can be collected from you without attempting collection from the borrower.</small> | Info about spouse, significant other or co-applicant (use extra sheet if necessary) |  |          |     |       |                    |           |  |  |
|                                                                                                                                                                                                                                                                                                                                                                           | Name of Spouse                                                                      |  |          |     |       |                    |           |  |  |
|                                                                                                                                                                                                                                                                                                                                                                           | Address                                                                             |  | City     | Zip | Phone | How Long?          |           |  |  |
|                                                                                                                                                                                                                                                                                                                                                                           | Occupation                                                                          |  | Employer |     |       | Phone              | How Long? |  |  |
| Employer's Address                                                                                                                                                                                                                                                                                                                                                        |                                                                                     |  |          |     | SS#   | Pay Day Mo. Income |           |  |  |

|                                                                                             |                                                                                           |                                                                                               |                                                                                      |                                    |                                                                                        |  |                          |  |  |
|---------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|------------------------------------|----------------------------------------------------------------------------------------|--|--------------------------|--|--|
| Previous Car Purchased From                                                                 |                                                                                           |                                                                                               | Finaced by                                                                           |                                    | Address                                                                                |  | Bal. due or when paid \$ |  |  |
| Have you ever had<br>Repossession? <input type="checkbox"/> Yes <input type="checkbox"/> No | Have you ever had<br>Bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No | Have you ever had<br>Wages Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No | Have you ever had<br>Suits? <input type="checkbox"/> Yes <input type="checkbox"/> No | Where Will Your<br>Car Be Garaged? | Member of Military<br>Reserve <input type="checkbox"/> Yes <input type="checkbox"/> No |  |                          |  |  |

\* OTHER INCOME (ALIMONY, CHILD SUPPORT OR MAINTENANCE NEED BE REVEALED ONLY IF YOU WISH THIS INCOME TO SUPPORT YOUR REQUEST FOR CREDIT.)  
I hereby affirm and represent that my total indebtedness and liabilities on this date are listed. The statements herein are made for the purpose of obtaining credit and are true to the best of my knowledge and belief. I consent that any person can give information to and/or receive information from this Dealer concerning my credit history. Purchaser hereby acknowledges receipt of a copy of this credit statement.

X \_\_\_\_\_ Purchaser  
X \_\_\_\_\_ Purchaser