



<b>CREDIT REQUESTED</b>		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:**  Cosigner  Guarantor  Grantor **For whom:**

Full Name: (First, Middle Initial, Last)		Social Security Number	Date of Birth	Home Phone Number
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? <input type="checkbox"/> Yes <input type="checkbox"/> No	Permanent Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have You ever <input type="checkbox"/> Filed Bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Been Declared Bankrupt? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have You Ever Had Merchandise Repossessed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer: (If Self-Employed, Name and Nature of Business)			Since	Occupation
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:**  Cosigner  Guarantor  Grantor **For whom:**

Full Name: (First, Middle Initial, Last)		Social Security Number	Date of Birth	Home Phone Number
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? <input type="checkbox"/> Yes <input type="checkbox"/> No	Permanent Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have You ever <input type="checkbox"/> Filed Bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Been Declared Bankrupt? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have You Ever Had Merchandise Repossessed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer: (If Self-Employed, Name and Nature of Business)			Since	Occupation
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	
<b>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.</b>			
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		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	
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

(Continued on other side)

