

CREDIT APPLICATION

Send To:

(Purchase/ Lease)

IMPORTANT: READ THESE INSTRUCTIONS BEFORE COMPLETING THIS APPLICATION.

Check

If you are applying for individual credit in your own name and are relying on your own income or assets and not the income of another person as the basis for repayment of the credit requested, complete Sections A and B.

Appropriate

If you are married and live in a community property state such as California, complete all Sections and have your spouse complete an additional application.

Box

If this is an application for joint credit with another person, complete all Sections and have the co-applicant complete an additional application.

E-MAIL
CELL

SECTION A. Information Regarding

NOTE: APPLICANT, IF MARRIED, MAY APPLY FOR A SEPARATE

LAST NAME (PRINT)	FIRST NAME	INITIAL	BIRTHDATE	DRIVER'S LIC. NO.	SOCIAL SECURITY NO.	AGES OF DEPENDENTS	<input type="checkbox"/> MARRIED <input type="checkbox"/> UNMARRIED <input type="checkbox"/> SEPARATED
ADDRESS			CITY	STATE	ZIP	HOME PHONE	HOW LONG? YRS
PREVIOUS ADDRESSES (TO COVER 5 YEARS RESIDENCE)			CITY	STATE	ZIP	HOW LONG? (YRS, MOS)	LIVED IN COMMUNITY?
			CITY	STATE	ZIP	HOW LONG? (YRS, MOS)	LIVED IN COMMUNITY?
OCCUPATION OR RANK	PRESENT EMPLOYER		CITY	STATE	ZIP	PHONE	HOW LONG? YRS
PREVIOUS EMPLOYMENT (TO COVER 5 YEARS)	ADDRESS		CITY	STATE	ZIP	PHONE	HOW LONG? YRS
	ADDRESS		CITY	STATE	ZIP	PHONE	HOW LONG? YRS
NEAREST RELATIVE NOT LIVING WITH APPLICANT	ADDRESS		CITY	STATE	ZIP	PHONE	RELATIONSHIP

INCOME:

Applicant's gross monthly income from employment _____ \$ _____

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: court order written agreement verbal understanding Amount _____

Amount of other monthly income and source(s) _____ \$ _____

TOTAL MONTHLY INCOME \$ _____

SECTION B. Asset and Debt Information: List All Debts Including Alimony, Child Support, Separate Maintenance (Use Separate Page if necessary.)

LANDLORD OR MORTGAGE RENT <input type="checkbox"/> OWN <input type="checkbox"/>	ADDRESS	ACCOUNT NUMBER	MORTGAGE BALANCE	PAYMENT OR RENT
DATE HOME PURCHASED	AGE OF HOME	PRICE PAID FOR HOME	MARKET VALUE OF HOME	2nd MORTGAGE
TYPE OF CREDIT	COMPANY NAME OF ALL OBLIGATIONS	ACCOUNT NO.	OPEN <input type="checkbox"/> CLOSED <input type="checkbox"/>	ADDRESS CITY STATE ZIP
			OPEN <input type="checkbox"/> CLOSED <input type="checkbox"/>	ADDRESS CITY STATE ZIP
			OPEN <input type="checkbox"/> CLOSED <input type="checkbox"/>	ADDRESS CITY STATE ZIP
			OPEN <input type="checkbox"/> CLOSED <input type="checkbox"/>	ADDRESS CITY STATE ZIP
PRESENT VEHICLE FINANCED BY / LEAS BY:	ACCOUNT NO.	ADDRESS	CITY	STATE ZIP
PRESENT VEHICLE FINANCED BY / LEASED BY:	ACCOUNT NO.	ADDRESS	CITY	STATE ZIP
BANK REFERENCE	ACCOUNT NO.	BANK/ ADDRESS	CHECKING <input type="checkbox"/> SAVINGS \$ <input type="checkbox"/>	BALANCE
BANK REFERENCE	ACCOUNT NO.	BANK / ADDRESS	CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/>	BALANCE

HAVE YOU EVER HAD ANY PROPERTY REPOSSESSED? YES NO HAVE YOU EVER FILED BANKRUPTCY OR IS A BANKRUPTCY YES NO MILITARY RESERVE? YES NO ACTIVE INACTIVE

DO YOU HAVE ANY LAW SUITS PENDING AGAINST YOU? YES NO PROCEEDING IN PROGRESS OR EXPECTED?

1	Personal Friends Known Over One Year	ADDRESS	CITY	STATE	ZIP	PHONE
2	Personal Friends Known Over One Year	ADDRESS	CITY	STATE	ZIP	PHONE

In the following sentence, the applicant/co-applicant is referred to as "I" and the creditor is referred to as "you and your". I, the undersigned (1) make the above representations, which are certified correct, for the purpose of securing credit; (2) authorize financial institutions to obtain consumer credit reports on me periodically and to gather employment history as they consider necessary and appropriate; (3) authorize your affiliates to obtain consumer credit reports on me; (4) I AUTHORIZE THE DEALER'S ASSIGNEE TO SHARE AND USE INFORMATION ABOUT ME, INCLUDING INFORMATION IN MY APPLICATION, WITH OTHER ENTITIES THAT ARE RELATED TO IT BY COMMON OWNERSHIP OR AFFILIATED WITH IT BY COMMON CONTROL. I DIRECT THE DEALER'S ASSIGNEE NOT TO GIVE INFORMATION TO SUCH ENTITIES (OTHER THAN INFORMATION ON ITS OWN TRANSACTIONS AND EXPERIENCES.); (5) Understand, that you or any financial institution to whom it is submitted will retain this application whether or not it is approved, and that it is the applicant's responsibility to notify the creditor of any changes of name, address or employment.

You understand that by clicking on the **I AGREE** button immediately following this notice, you are providing 'written instructions' to Central Sales & Leasing under the Fair Credit Reporting Act authorizing Central Sales & Leasing to obtain information from your personal credit report or other information from Experian. You authorize Central Sales & Leasing to obtain such information solely to

Lease Purchase a vehicle

Year	Make	Model
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