

SECTION C. Asset and Debt Information: List all Debts Including Alimony, Child Support, Separate Maintenance (Use a Separate Page If Necessary)

(If Section B has been completed, this Section should be completed giving information about both the Applicant and Joint applicant or Other Person. Please mark Applicant-related information with an "A". If Section B was not completed, only give information about the Applicant in this Section.)

<input type="checkbox"/> Own <input type="checkbox"/> Rent		LANDLORD OR MORTGAGE HOLDER	ADDRESS				ACCOUNT NO.	MORTGAGE BALANCE	PAYMENT, OR RENT	
DATE HOME PURCHASED	AGE OF HOME	PRICE PAID FOR HOME		MARKET VALUE		2 ND MORTGAGE	PAYMENT			
TYPE OF CREDIT	COMPANY NAME OF ALL OBLIGATIONS	ACCOUNT NO.	STATUS	ADDRESS	CITY	STATE	ZIP	BALANCE	HIGH	MO. PAYMENT OR DATE CLOSED
NA	NA	NA	<input type="checkbox"/> Open <input type="checkbox"/> Closed	NA				NA	NA	NA
NA	NA	NA	<input type="checkbox"/> Open <input type="checkbox"/> Closed	NA				NA	NA	NA
NA	NA	NA	<input type="checkbox"/> Open <input type="checkbox"/> Closed	NA				NA	NA	NA
PRESENT VEHICLE FINANCED BY / LEASED BY:		ACCOUNT NO.	ADDRESS			CITY	STATE	ZIP	MO. PAYMENT	
BANK REFERENCE # 1		ACCOUNT NO.	TYPE	BRANCH / ADDRESS		CITY	STATE	ZIP	BALANCE	
			<input type="checkbox"/> Checking <input type="checkbox"/> Savings							
BANK REFERENCE # 2		ACCOUNT NO.	TYPE	BRANCH / ADDRESS		CITY	STATE	ZIP	BALANCE	
			<input type="checkbox"/> Checking <input type="checkbox"/> Savings							
HAVE YOU EVER HAD ANY PROPERTY REPOSSESSED?	<input type="checkbox"/> Yes <input type="checkbox"/> No	DO YOU HAVE ANY LAW SUITS PENDING AGAINST YOU?	<input type="checkbox"/> Yes <input type="checkbox"/> No	HAVE YOU EVER FILED BANKRUPTCY OR IS A BANKRUPTCY PROCEEDING IN PROGRESS OR EXPECTED?	<input type="checkbox"/> Yes <input type="checkbox"/> No	MILITARY RESERVE	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Active <input type="checkbox"/> Inactive		
PERSONAL FRIENDS KNOWN OVER ONE YEAR	ADDRESS	CITY	STATE	ZIP	PHONE					

INSURANCE - NOTE: No person is required as a condition pursuant to financing the purchase of a motor vehicle to purchase insurance through a particular insurance company, agent or broker.

INSURANCE COMPANY OR AGENT	ADDRESS	PHONE	WHERE WILL VEHICLE BE GARAGED?	POLICY No.
Has your insurance ever been cancelled by any company?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, why?	No. of Insurance Losses in Past 5 years	Total Amount of Losses

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 other employment history as they consider necessary and appropriate; (3) authorize your affiliates to obtain consumer credit reports on me; (4) **UNLESS THE CIRCLE THAT FOLLOWS IS MARKED, 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. IF THE CIRCLE IS MARKED, I DIRECT THE DEALER'S ASSIGNEE NOT TO GIVE INFORMATION TO SUCH ENTITIES (OTHER THAN INFORMATION ON ITS OWN TRANSACTIONS OR 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. The financial institutions named below may be requested to purchase a sales finance contract written, or to be written, in connection with your purchase. You are notified pursuant to the Fair Credit Reporting Act, that your application may be submitted to them or to other financial institutions.

FINANCIAL INSTITUTION(S): _____

PURCHASER HEREBY ACKNOWLEDGES RECEIPT OF A COPY OF THIS CREDIT STATEMENT.

X _____
APPLICANT'S SIGNATURE

X _____
CO-APPLICANT'S SIGNATURE

After completion, submit application with your signature(s).