



**Please Use Black Ink To Complete Application**

**INSTRUCTIONS:** You may apply for credit individually or jointly. Please indicate whether you are applying  Individually or  jointly.

Please indicate whether the vehicle will be used primarily for  Personal or Family Purposes or  Business, Commercial or Agricultural Purposes  
 Boxes A and C below are to be completed by the Applicant

Box B below is to be completed by the Joint Applicant or the Applicant on behalf of his or her spouse or ex-spouse if (1) the Applicant is relying on the spouse's or ex-spouse's income as a repayment source or (2) the Applicant resides in a community property state or is relying on property as a repayment source which is located in a community property state (that is, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, or Wisconsin.)

When completing Boxes A. and B. please note that alimony, child support, or separate maintenance income need not be revealed if you do not wish it considered a repayment source.

If you reside in a community property state, please indicate whether you are:

Applicant  Married  Separated  Unmarried (includes single, divorced, or widowed)  
 Joint Applicant  Married  Separated  Unmarried (includes single, divorced, or widowed)  
 If you are married and reside in a community property state, unless otherwise indicated on this application, it will be presumed that all stated income and assets are community property, all stated debts and obligations are liabilities of the community property, and this request for credit is made on the interest of your marriage or family.

**VEHICLE INFORMATION**

Type of contract <input type="checkbox"/> Retail Installment <input type="checkbox"/> "Flexible Loan" <input type="checkbox"/> Long Term Lease <input type="checkbox"/> Lease Assumption # _____				Dealership Name <b>Autoflex Leasing</b>	
Dealer Phone <b>234-1234</b>	Contact	Yr	Make	<input type="checkbox"/> New <input type="checkbox"/> Used <input type="checkbox"/> Demo	Mileage

<b>LEASE INFORMATION</b>		MSRP	Cap	Mo. Payment	Term	Creditor Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No
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<b>RETAIL INSTALLMENT INFORMATION:</b>		Amount Financed \$	Tissue \$	Dir Installed Options \$	Credit Ins \$	MBP \$
Tax \$	Other Charges \$	Cash Down Payment - Amount \$	Residual Flexible Loan Only	Term	Mo. Payment	
		Trade in - Amount \$	Yr Make Model			

**A. INFORMATION REGARDING APPLICANT:**

Full Name		Date of Birth	Social Security Number		Ages of Dependents	Home Phone ( )
Current Address Street City State		Zip Code	How Long? Yrs Mos		# Yrs in Community	
Previous Address (Min. 5 yr. history - use addit'l sheets if necessary)		Zip Code	How Long? Yrs Mos		Business Phone ( )	
Employer Name		How Long? Yrs Mos		Occupation		
Business Address		Self Employed <input type="checkbox"/> Yes <input type="checkbox"/> No		Nature of Business		
Gross Monthly Income \$	Source of Other Income (Alimony, Child Support, Maintenance Optional)		Amount \$		Total Gross Monthly Income \$	
Previous Employer Name, City, State		Phone ( )	How Long? Yrs Mos		Occupation	
Nearest Relative Not Living With You (Full Address)		Phone ( )			Relationship	
Personal Reference (Full Address)				Phone ( )		

**B. INFORMATION REGARDING JOINT APPLICATION, SPOUSE OR OTHER PERSONS:**

Full Name		Relationship to the Applicant (if any)		Date of Birth / /	Social Security Number
Current Address (if different than applicant) Street City State		Zip Code		How Long? Yrs Mos	
Employer Name		How Long? Yrs Mos		Business Phone ( )	
Business Address		Self Employed <input type="checkbox"/> Yes <input type="checkbox"/> No		Nature of Business	
Gross Monthly Income \$	Source of Other Income (Alimony, Child Support, Maintenance Optional)		Amount \$		Total Gross Monthly Income \$
Previous Employer Name, City, State		Phone ( )	How Long? Yrs Mos		Occupation

**C. FINANCIAL INFORMATION - ALL LOANS, LEASES AND OTHER OBLIGATIONS (INCLUDING ALIMONY, CHILD SUPPORT, MAINTENANCE)**

Residence <input type="checkbox"/> Buying or Own <input type="checkbox"/> Rent <input type="checkbox"/> With Parents	Lienholder or Landlord Name	Account No.	Original Balance	Balance Owning	Mo. Payment
Address			\$	\$	\$
Name and Account No.		Address	\$	\$	\$
Name and Account No.		Address	\$	\$	\$
Previous Vehicle Was <input type="checkbox"/> Leased <input type="checkbox"/> Purchased	Name of Lessor or Financing Creditor	Branch No.	City State	Account No.	Original Balance <input type="checkbox"/> Open <input type="checkbox"/> Paid <input type="checkbox"/> Trade
Checking	Name Branch	Phone ( )	Account No.		Balance \$
Saving/ Money Mkt		Phone ( )	Account No.		Balance \$
Have You Ever Obtained Credit Under A Different Name? <input type="checkbox"/> Yes (List Name & Address) <input type="checkbox"/> No		Have You Ever Filed Bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date _____	

THE FOLLOWING DRIVER INFORMATION IS NOT REQUIRED IF APPLICATION IS BEING MADE FOR RETAIL INSTALLMENT CREDIT OR "FLEXIBLE LOAN" CREDIT

<b>LIST ALL OPERATORS IN ORDER OF MOST FREQUENT USE:</b>		% of Vehicle Use	Mo.	Birth Date Day Yr.	Operator's License Number	State	Years Licensed
Garaging Address If Other Than Residence		Number & Street	State	Zip	Phone Number		

Dealer Name \_\_\_\_\_

Applicant's Name \_\_\_\_\_

**The Following Insurance Information Is Required Of All Applicants.**

YES NO

1. During the past three years, has any prospective operator:

- A. Been involved in any auto accidents?  YES  NO
- B. Been convicted or fined for any moving traffic violations?  YES  NO
- C. Had auto insurance cancelled or renewal refused because operator's conduct or driving record?  YES  NO
- D. Has any prospective operator been examined by a license review board or had license revoked or suspended?  YES  NO

2. Does any prospective operator have any physical impairments?  YES  NO

3. Is any prospective operator under the age of 25?  YES  NO

4. Has any prospective operator been convicted of a felony?  YES  NO

5. Will the vehicle be driven to work over ten (10) miles each way?  YES  NO

6. Will the vehicle be used for business?  YES  NO

7. Maximum miles vehicle will be driven per year \_\_\_\_\_

8. Principal operator's present insurance with \_\_\_\_\_

9. Insurance provided by: \_\_\_\_\_ Buyer/Leaser \_\_\_\_\_ Creditor

I understand that eligibility for the insurance furnished by the creditor is based on the premise that a prospective operator has not had during the last 36 months (a) more than 2 moving violations, or (b) more than 1 moving violation and 1 accident, or (c) a vehicle operator's license suspended or revoked.

**SPECIAL NOTICES:**

**CALIFORNIA RESIDENTS:** A Married applicant may apply for an individual account.

**OHIO RESIDENTS:** Ohio laws against discrimination require that all creditors make credit equally available to all credit worthy customers and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio Civil Rights Commission administers compliance with this law.

**NEW YORK RESIDENTS:** A consumer credit report may be requested in connection with this application or in connection with updates, renewals or extensions of any credit granted as a result of this application. Upon your request you will be informed whether or not a consumer credit report was requested, and if so, the name and address of the agency that furnished such report.

**MARRIED WISCONSIN RESIDENTS:** Wisconsin law provides that no provision of any marital property agreement, or unilateral statement or court order applying to marital property will adversely affect a creditor's interests unless, prior to the time that the credit is granted, the creditor is furnished with a copy of the agreement, statement or decree, or has actual knowledge of the adverse provision.

If you are making this application individually, and not jointly with your spouse, please be sure that the full name and current address of your spouse is properly disclosed in Section B on the front of this application.

Everything stated in this application is correct to the best of my knowledge. I also understand that the creditor will retain this application whether or not it is approved. I understand that the creditor will rely on this application in deciding whether to grant the requested credit. I authorize the creditor to check my credit and employment history. If this application is approved, I also authorize the creditor to give information about its credit experience with me to others.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Joint Applicant Signature

\_\_\_\_\_  
Date