

Please complete all appropriate sections, providing at least two years residence and employment history. (If additional space is needed, please use back of this application.)
READ TO APPLICANT: "If married, you have the right to apply for credit separately from or jointly with your spouse."

Purpose: _____ Cash Price: \$ _____ Down Payment: \$ _____ Amount Financed: \$ _____ **PLEASE PRINT**

APPLICANT: Last Name		First		MI	Social Security No.		Date of Birth
Residence Address: Street		City		State	Zip		How Long? Yrs. Mos.
Previous Address: (If less than 2 years)						How Long Yrs. Mos.	No. Dependents
Home Phone No. ()		Cell Phone No. ()		Email Address:			
<input type="checkbox"/> Buy <input type="checkbox"/> Rent	Landlord or Mortgage Holder		Mortgage or Rent Payment \$/Mo.	Purchase Price of Property \$	Estimated Home Value \$	Mortgage Balance \$	
<input type="checkbox"/> Other							
Employer's Name and Address				Occupation		How Long? Yrs. Mos.	
Work Phone No. ()		Monthly Income From Employer GROSS: \$ NET: \$		Previous Employer		How Long? Yrs. Mos.	
All Other Monthly Income* GROSS: \$ NET: \$		Source of Other Income		Total Monthly Income GROSS: \$ NET: \$			
*OTHER INCOME: (Read to applicant. "Income from alimony, child support, or separate maintenance need not be revealed if you do not choose to rely on such income in applying for credit.")				Has applicant taken bankruptcy within the last 7 years? <input type="checkbox"/> No <input type="checkbox"/> Yes (If "Yes", indicate year taken)			
Bank Reference: Name		Address		<input type="checkbox"/> Checking <input type="checkbox"/> Loan <input type="checkbox"/> Saving <input type="checkbox"/> Other:			
Personal Reference (Relative or Friend) Name				Address		Phone No.	
Are you a co-maker, endorser, or guarantor on any loan or contract? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, to whom _____							
Are you liable to pay alimony, child support, separate maintenance? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Amount \$ _____							
Auto Yr / Model		Financed By		Applicant <input type="checkbox"/> Co-Applicant <input type="checkbox"/>			
Auto Yr / Model		Financed By		Applicant <input type="checkbox"/> Co-Applicant <input type="checkbox"/>			
CO-APPLICANT: Last Name		First		MI	Social Security No.		Date of Birth
Residence Address: Street		City		State	Zip		How Long? Yrs. Mos.
Home Phone No. ()		No. Dependents		<input type="checkbox"/> Buy <input type="checkbox"/> Rent <input type="checkbox"/> Other:		Rent or Payment \$/Mo.	
Employer's Name and Address				Occupation		How Long? Yrs. Mos.	
Work Phone No. ()		Monthly Income From Employer GROSS: \$ NET: \$		Previous Employer		How Long? Yrs. Mos.	
All Other Monthly Income* GROSS: \$ NET: \$		Source of Other Income		Total Monthly Income GROSS: \$ NET: \$			
*OTHER INCOME: (Read to applicant. "Income from alimony, child support, or separate maintenance need not be revealed if you do not choose to rely on such income in applying for credit.")				Has applicant taken bankruptcy within the last 7 years? <input type="checkbox"/> No <input type="checkbox"/> Yes (If "Yes", indicate year taken)			
Bank Reference: Name		Address		<input type="checkbox"/> Checking <input type="checkbox"/> Loan <input type="checkbox"/> Saving <input type="checkbox"/> Other:			
Personal Reference (Relative or Friend) Name				Address		Phone No.	
Are you a co-maker, endorser, or guarantor on any loan or contract? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, to whom _____							
Are you liable to pay alimony, child support, separate maintenance? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Amount \$ _____							

I authorize the Seller and its Assignee, Lendmark Financial Services, Inc., and its subsidiaries or affiliates, to make whatever inquiries it deems necessary in connection with this credit application and in the course of its review or collection of any credit extended in reliance on this application. I further authorize any person or consumer reporting agency to complete and furnish to the Seller and its Assignee, Lendmark Financial Services, Inc. and its subsidiaries or affiliates, any information that it may have or obtain in response to such inquiries, and agree that such information, along with this application, shall remain the Seller's and its Assignee's property, whether or not credit is extended. All information stated in this application is declared to be a true representation of the facts and is made for the purpose of obtaining the credit requested. I acknowledge that my application for credit and any of the credit information you obtain will be submitted to Lendmark Financial Services, Inc. and/or its affiliates or subsidiaries.

Driver's License No. and State (or State I.D. No.)		Other Qualifying I.D.	
Dealer's Name	Fax Number	Applicant's Signature	Date
Dealer's Location	Phone Number	Co-applicant's Signature	Date