

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.)

PLEASE PRINT

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: _____

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 two years)			How Long Yrs. Mos.		No. Dependents:	
Home Phone No. ()		Cell Phone No. ()		Email Address:		
<input type="checkbox"/> Buy <input type="checkbox"/> Rent <input type="checkbox"/> Other		Landlord or Mortgage Holder:		Mortgage or Rent Payment \$ /Mo	Purchase Price of Property: \$	Estimated Home Value: \$
Employer's Name and Address:			Occupation:		How Long:	
Work Phone No.: ()		Monthly Income From Employer GROSS: \$ NET: \$		Previous Employer:		How Long:
All Other Monthly Income:* Gross: \$ Net: \$		Source of 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		
Bank Reference: Name Address Other			<input type="checkbox"/> Checking <input type="checkbox"/> Loan <input type="checkbox"/> Savings <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? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, to whom _____						
Are you liable to pay alimony, child support, separate maintenance? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, to whom _____						
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. of 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:	
Work Phone No.: ()		Monthly Income From Employer GROSS: \$ NET: \$		Previous Employer:		How Long:
All Other Monthly Income:* Gross: \$ Net: \$		Source of 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		
Bank Reference: Name Address Other			<input type="checkbox"/> Checking <input type="checkbox"/> Loan <input type="checkbox"/> Savings <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? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, to whom _____						
Are you liable to pay alimony, child support, separate maintenance? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, to whom _____						

authorize the Seller and its Assignee, Lenmark 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, Lenmark Financial Services, Inc. and its subsidiaries or affiliates, any information that it may have to 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. I acknowledge that my application for credit and any of the information you obtain will be submitted to Lenmark Financial Services, Inc. and/or its affiliates or subsidiaries.

Driver's Licence No and State (or State ID No. _____

Other Qualifying ID _____

Dealer's Name _____ Fax Number _____

Applicant Signature _____ Date _____

Dealer's Location _____

Co-Applicant Signature _____ Date _____