

CUSTOMER'S STATEMENT - PLEASE PRINT

Individual Credit - applying for credit in your own name and relying on your own income or assets and not the income or assets of another person as the basis for repayment of the credit requested (Complete Section A).

Check
Appropriate
Box

Joint Credit - applying for joint credit with another person (Complete Sections A & B). Relationship to joint applicant or other party, if any _____

Individual Credit - applying for credit in your own name but relying on income from alimony, child support, or separate maintenance or on the income or assets of another person as the basis for prepayment of the credit requested (Complete Sections A & B).

PRINT FULL NAME	FIRST	MIDDLE	LAST	Sr. <input type="checkbox"/>	Jr. <input type="checkbox"/>	SOC. SEC. NO/TIN	DATE OF BIRTH	HOME PHONE
PRESENT ADDRESS	NUMBER AND STREET		CITY	COUNTY		STATE	ZIP CODE	LIVED THERE YEARS MONTHS

RENT <input type="checkbox"/>	LEASE <input type="checkbox"/>	OWN <input type="checkbox"/>	LANDLORD OR MORTGAGE HOLDER NAME						MO. PYMT OR RENT \$
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PREVIOUS HOME ADDRESS	NUMBER AND STREET	CITY	COUNTY		STATE	ZIP CODE	LIVED THERE YEARS MONTHS
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EMPLOYED BY	NAME	BUSINESS ADDRESS NUMBER AND STREET		CITY	STATE	HOW LONG YEARS MONTHS	PHONE
SELF <input type="checkbox"/>	OTHERS <input type="checkbox"/>						

TRADE OR OCCUPATION	SALARY/WAGES	NAME OF PREVIOUS EMPLOYER	ADDRESS	NO. YEARS
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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.

TYPE OF OTHER INCOME	SOURCE	MONTHLY	AMOUNT \$
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NAME AND ADDRESS OF PARENTS OR NEAREST RELATIVE NOT LIVING WITH ME	NAME	ADDRESS	PHONE NO.	RELATION
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NAME AND ADDRESS OF PARENTS OF PERSONAL FRIEND	NAME	ADDRESS	PHONE NO.	KNOWN HOW LONG
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BANK ACCOUNT	NAME OF BANK	BRANCH NAME & CITY	CHECKING <input type="checkbox"/>	CHECKING ACCOUNT #
			SAVINGS <input type="checkbox"/>	
			NO ACCT. <input type="checkbox"/>	

LAST CAR FINANCED	NAME OF CREDITOR	BALANCE DUE OR PAID DATE	TRADING IN THIS CAR? <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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C/L TYPE	NEW <input type="checkbox"/>	USED <input type="checkbox"/>	AUCTION <input type="checkbox"/>	YEAR	# CYCLE	MAKE	CASH PRICE (LINE 1 OF	\$
							LESS NET	\$
MODEL #							CASH	\$
DESCRIPTION							REBATES (DESCRIBE)	\$
MILAGE							TOTAL DOWN	\$
VIN #							UNPAID	\$
SALESPERSON								
1 - W/O AIR CONDITIONING <input type="checkbox"/>								
2 - SUNROOF <input type="checkbox"/>								
3 - STEREO <input type="checkbox"/>								
4 - CRUISE <input type="checkbox"/>								
5 - POWER WINDOWS <input type="checkbox"/>								
6 - POWER SEATS <input type="checkbox"/>								
7 - FOUR WHEEL DRIVE <input type="checkbox"/>								
8 - MANUAL TRANS <input type="checkbox"/>								
9 - ALUM/WIRE WHEELS <input type="checkbox"/>								
OTHER (DESCRIBE)								

TRADE-IN				YEAR	MAKE	DESCRIPTION	PLUS INSURANCE		\$		
							TOTAL AMOUNT		\$		
TERM OF CONTRACT		DEALER			DEALER NO.		(MSRP \$ _____)				
MONTHS							SPECIAL PROGRAM (E.G FIRST TIME BUYER, COLLEGE GRAD, ETC.)				
PRINT	FIRST	MIDDLE	LAST	Sr. <input type="checkbox"/>		SOC. SEC. NO/TIN		DATE OF BIRTH		HOME PHONE	
FULL NAME				Jr. <input type="checkbox"/>							
PRESENT ADDRESS		NUMBER AND STREET		CITY		COUNTY		STATE		ZIP CODE	
										LIVED THERE YEARS MONTHS	
RENT <input type="checkbox"/>		LANDLORD OR MORTGAGE HOLDER NAME									
LEASE <input type="checkbox"/>											
OWN <input type="checkbox"/>		MO. PYMT OR RENT \$									
PREVIOUS HOME ADDRESS		NUMBER AND STREET		CITY		COUNTY		STATE		ZIP CODE	
										LIVED THERE YEARS MONTHS	
EMPLOYED BY		NAME			BUSINESS ADDRESS NUMBER AND STREET			CITY STATE		HOW LONG	PHONE
SELF <input type="checkbox"/>										YEARS MONTHS	
OTHERS <input type="checkbox"/>											
TRADE OR OCCUPATION			SALARY/WAGES		NAME OF PREVIOUS EMPLOYER			ADDRESS		NO. YEARS	

I authorize GMAC, CHRYSLER, PRIMUS, CHASE, NATIONS BANK, BANK ONE, or _____
to conduct a credit investigation based on the information voluntarily provided by me on the attached credit application.

MONTHLY PAYMENT		SIGNATURE OF APPLICANT		DATE
DATE DESIRED				DATE
BY CUSTOMER: _____		SIGNATURE OF JOINT APPLICANT		