

APPLICATION FOR CREDIT



JOINT CREDIT
 INDIVIDUAL CREDIT

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: _____		Amount Requested \$ _____		Source: _____		PLEASE PRINT	
APPLICANT: Name (Last, First, Middle)					Social Security No.		Date of Birth
Residence Address: (Street, City, State, Zip)							How Long?
							Yrs.
Mailing Address: (if different from Residence Address)					Home Phone No.		Cell Phone No.
Previous Address: (if less than 2 years)					How Long?		No. Dependents
					Yrs.		
<input type="checkbox"/> Buy	<input type="checkbox"/> Own	Landlord or Mortgage Holder		Mortgage or Rent Payment	Purchase Price of Property	Estimated Home Value	1 st Mort. Balance
<input type="checkbox"/> Rent	<input type="checkbox"/> Other			\$ /Mo.	\$	\$	\$
Employer's Name and Address					Occupation		Employment Date
Work Phone No.	Ext.	Monthly Income From Employer		Previous Employer			Employment Date
		GROSS: \$		NET: \$			
All Other Monthly Income*		Source(s) of Other Income			Total Monthly Income		
GROSS: \$					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.")					Have you 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 or endorser on a note? <input type="checkbox"/> No <input type="checkbox"/> Yes				Are you obligated to pay alimony, child support, etc.? <input type="checkbox"/> No <input type="checkbox"/> Yes			
If Yes, to whom _____				If Yes, Amount \$ _____			
Auto Yr / Model		Financed By			<input type="checkbox"/> Applicant	<input type="checkbox"/> Co-applicant	
Auto Yr / Model		Financed By			<input type="checkbox"/> Applicant	<input type="checkbox"/> Co-applicant	
CO-APPLICANT: Name (Last, First, Middle)					Social Security No.		Date of Birth
Residence Address: (Street, City, State, Zip)							How Long?
							Yrs.
Home Phone No.	Cell Phone No.	No. Dependents		<input type="checkbox"/> Buy	<input type="checkbox"/> Own	Rent or Payment	
				<input type="checkbox"/> Rent	<input type="checkbox"/> Other	\$ /Mo.	
Employer's Name and Address					Occupation		Employment Date
Work Phone No.	Ext.	Monthly Income From Employer		Previous Employer			Employment Date
		GROSS: \$		NET: \$			
All Other Monthly Income*		Source(s) of Other Income			Total Monthly Income		
GROSS: \$					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.")					Have you 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 or endorser on a note? <input type="checkbox"/> No <input type="checkbox"/> Yes				Are you obligated to pay alimony, child support, etc.? <input type="checkbox"/> No <input type="checkbox"/> Yes			
If Yes, to whom _____				If Yes, Amount \$ _____			

I/We the undersigned Applicant(s) for credit do hereby affirm that the information contained in this application is true and correct in all respects and I/we understand that it will be relied upon by Lendmark Financial Services, LLC, its subsidiaries and affiliates ("Lendmark"), and any seller of goods who may be assigning a retail installment sales contract to Lendmark ("Seller"), in making the decision to extend credit to me/us. I/we authorize Lendmark and Seller, if applicable, to make whatever inquiries they deem necessary to verify the information contained in this application, including, but not limited to, obtaining my/our personal credit reports. I/we authorize any person or credit reporting agency to provide any information that they may have about me/us in response to such inquiries and agree that such information, together with this application, shall be the property of Lendmark and Seller, as applicable, whether or not credit is extended. I/we consent to Lendmark calling or sending me/us a text message at any phone number(s) listed in this application, or such other phone number(s) as I/we may later provide. This consent shall include making calls using an automatic telephone dialing system or an artificial or prerecorded voice.

Driver's License No. and State (or State I.D. No.) _____

Applicant's Signature _____

Date _____

Other Qualifying I.D. _____

Co-applicant's Signature _____

Date _____

Dealer's Name _____

Dealer's Phone No. _____

Dealer's Location _____

Dealer's Fax No. _____