

WHEN COMPLETE, FAX TO 650-494-1539

CREDIT APPLICATION

(Purchase)

IMPORTANT: READ THESE DIRECTIONS BEFORE COMPLETING THIS APPLICATION.

| | If you are applying for individual credit in your own name and are relying on your own income or asset and not the income or assets of another person as the basis for repayment of the credit requested, complete Sections A and C | | | | | | | |
|-----------------------------|---|--|--|--|--|--|--|--|
| | If you are applying for business credit with an individual guarantor, complete Sections B, C and D | | | | | | | |
| Check Appropriate Box | □ If you are applying for business-only credit , complete Section D | | | | | | | |
| | If you are married and live in a community property state , complete Sections A, B and C providing information in Section B about your spouse. Your spouse should <u>not</u> sign as "Co-applicant." | | | | | | | |
| | If this is an application for joint credit with another person, complete Sections A, B and C providing information in Section B about the co-applicant. NOTE: APPLICANT, IF MARRIED, MAY APPLY FOR A SEPARATE ACCOUNT. | | | | | | | |
| | We intend to apply for joint credit | | | | | | | |

GENERAL INFORMATION

| SELLER | DATE | VEHICLE STOCK NO. | DOWN PAYMENT REQUESTED |
|--------------------------|------|-------------------|------------------------|
| HENGEHOLD MOTOR CO. INC. | | | \$ |
| EMAIL ADDRESS | | MOBILE PHONE | |

SECTION A. INFORMATION REGARDING APPLICANT

| LAST NAME | FIRST | INITIAL | BIRTHDATE | | | DRIVE | R'S LIC. NO | Э. | |
|--|-------------------------------|---------------------|----------------------|------------|-----------------|-----------|-------------|------------------|---------|
| SOCIAL SECURITY NO. | | | MARITAL STATUS | S | | | | 🗆 Ma | rried |
| | | | Do not complete | if this is | an application | for indiv | vidual cred | | married |
| | | | and you do not r | | | | | | arated |
| ADDRESS | CITY | | | ZIP | HOW LONG? | opertys | | NE PHONE | unuteu |
| | 0.1.1 | | 0.7.12 | | | | | | |
| | | | | | YRS. | MOS. | (|) | |
| PREVIOUS ADDRESS (if above add | dress is less than 2 years) | CIT | Y | | STATE | | ZIP | HOW LONG | > |
| | | | | | | | | YRS. | MOS. |
| | | | | | | | | 11.5. | 1003. |
| PRESENT EMPLOYER | | OCCUPA | TION OR RANK | | HOW LONG? | | BUSINE | SS PHONE | |
| | | | | | VDC | | 1 | 1 | |
| | | | | | YRS. | MOS. | (|) | |
| PREVIOUS EMPLOYER (if above e | mployer is less than 2 years) | OCCUPA ⁻ | TION OR RANK | | HOW LONG? | | BUSINE | SS PHONE | |
| | | | | | YRS. | MOS. | (|) | |
| INCOME | | | | | | | | | |
| | Apr | licant's gross | s monthly inco | ome fr | om employ | ment | \$ | | |
| | | 0 | , | | . , | | | | |
| | | | | | | | | | |
| | | Alimony, c | hild support, s | separa | ite mainten | ance* | Ş | | |
| recei | ived under 🗆 court ord | er 🗆 written | agreement | 🗆 verb | al understa | nding | | | |
| | | | C | | | 0 | | | |
| | | | | | | | | | |
| Amount of other monthly income and source(s) | | | | | | | \$ | | |
| | | | | | | | | | |
| | TOTAL MONTHLY INCOME \$ | | | | | | | | |
| | | | | | | | • | | |
| *Alimony, child support, or sepa | arate maintenance income nee | d not be revealed | d if you do not wisł | h to hav | e it considered | as a bas | is for repa | aying this oblig | gation. |

| SECTION B. INFOR | | | 1 | | | | | • • • | states |
|------------------------------|---------------------------------|---------------------|--------------------|------------|------------------|------------|----------------|------------------|---------|
| LAST NAME | FIRST | INITIAL | BIRTHDATE | | | DRIVE | R'S LIC. NO | 0. | |
| | | | | | | | | | |
| SOCIAL SECURITY NO. | | | MARITAL STAT | | | | | 🗆 Mar | |
| | | | | | s an application | | | | narried |
| | | | · · | | a community p | roperty | | • | arated |
| ADDRESS | CITY | | STATE | ZIP | HOW LONG? | | LANDLI | NE PHONE | |
| | | | | | YRS. | MOS. | (|) | |
| PREVIOUS ADDRESS (if above a | ddress is less than 2 years) | CIT | Y | | STATE | | ZIP | HOW LONG? | I |
| | | | | | | | | YRS. | MOS. |
| PRESENT EMPLOYER | | OCCUPA | OCCUPATION OR RANK | | HOW LONG? | | BUSINESS PHONE | | |
| | | | | | YRS. | MOS. | (|) | |
| PREVIOUS EMPLOYER (if above | employer is less than 2 years) | OCCUPA ⁻ | OCCUPATION OR RANK | | HOW LONG? | i? BUSINES | | SS PHONE | |
| | | | | | YRS. | MOS. | (|) | |
| INCOME | | I | | | | | | | |
| | Ар | plicant's gross | monthly in | come fr | om employ | ment | \$ | | |
| | | | | | | | _ | | |
| | | Alimony, c | hild support | , separa | ate mainten | ance* | \$ | | |
| rece | eived under \square court ord | ler 🗆 written | agreement | 🗆 vert | oal understa | nding | | | |
| | | | | | | | | | |
| | Amount of other m | onthly income | e and source | e(s) | | | \$ | | |
| | | | | | | | | | |
| | | | • | TOTALI | | NCON | IE\$ | | |
| *Alimony child support or se | parate maintenance income ne | ed not be revealed | l if you do not w | ish to hav | e it considered | as a has | is for ren: | aving this oblig | ation |
| , and support, or se | | | | | | | | | |

SECTION C. PERSONAL ASSET AND DEBT INFORMATION

| LANDLORD OR MORTGAGE HOLDER | MORTGATE BALANCE | MONTHLY PAYMENT OR RENT |
|-----------------------------|------------------|-------------------------|
| □ OWN □ RENT | \$ | \$ |

SECTION D. BUSINESS INFORMATION

| BUSINESS TYPE | | | | FEDERAL TAX ID NO | . (EIN) | | |
|--------------------|---------------------|----------|----------------|-------------------|---------|-------------------------|--------|
| | PARTNERSHIP | | OPRIETOR | | | | |
| BUSINESS NAME | | | BUSINESS PHONE | | | STATE OF INCORPO | RATION |
| BUSINESS ADDRESS | | CITY | | STATE | | ZIP | |
| NATURE OF BUSINESS | | | | | | AGE OF BUSINESS YRS. | MOS. |
| BUSINESS BANK NAME | BUSINESS CHECKING A | CCT. NO. | BANK CONTACT P | ERSON | BANK C | CONTACT PHONE NO. | |

By signing this application, I certify that the information in my application is complete and true. I authorize Hengehold Motor Co. Inc. and its affiliate lenders to investigate my credit and employment history, obtain credit reports, and release information about their credit experience with me.

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|---|--------------|--------------------------|
| APPLICANT'S SIGNATURE | DATE | CO-APPLICANT'S SIGNATURE |
| IF MARRIED, YOU MAY APPLY FOR CREDIT SE | EPARATELY AS | AN INDIVIDUAL |

DATE