

LOAN APPLICATION APPLICANT



DEALER INFORMATION

DEALER NAME	CONTACT PERSON	PHONE	EMAIL ADDRESS
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PLEASE READ AND FILL OUT THE APPLICATION CAREFULLY. YOU MUST SUBMIT A COMPLETE AND ORIGINAL SIGNED APPLICATION AND ALL THE REQUIRED DOCUMENTATION LISTED ON THIS FORM. IF YOU ARE APPLYING FOR JOINT CREDIT WITH ANOTHER PERSON, THE CO-APPLICANT MUST READ AND SIGN THE TWO PAGES OF THIS APPLICATION AND COMPLETE ALL APPLICABLE BLANKS. INCOMPLETE OR UNSIGNED APPLICATIONS WILL BE RETURNED AND NOT ACCEPTED.

APPLICANT INFORMATION

PERSONAL INFORMATION

LAST NAME	FIRST NAME	MIDDLE INITIAL	SOCIAL SECURITY #	DATE OF BIRTH (MM/DD/YY)
CELL PHONE	EMAIL ADDRESS (For important account servicing information)	DRIVER'S LICENSE #	PASSPORT # (Non US residents)	
HOME STREET ADDRESS	CITY	STATE	ZIP	HOME PHONE
RESIDENTIAL STATUS <input type="radio"/> OWN <input type="radio"/> RENT <input type="radio"/> FAMILY <input type="radio"/> OTHER		MONTHLY HOUSING PAYMENT	TIME AT ADDRESS	
PREVIOUS HOME ADDRESS	CITY	STATE	ZIP	

INCOME INFORMATION

EMPLOYMENT STATUS (Please check all that apply) <input type="checkbox"/> EMPLOYED <input type="checkbox"/> SELF-EMPLOYED <input type="checkbox"/> RETIRED <input type="checkbox"/> STUDENT	OTHER EMPLOYMENT STATUS (If applicable)	CURRENT EMPLOYER NAME	TYPE OF BUSINESS	
TIME WITH EMPLOYER	POSITION	ANNUAL SALARY	OTHER INCOME (ANNUALLY)	SOURCE OF OTHER INCOME
WORK EMAIL ADDRESS	WORK STREET ADDRESS	CITY	STATE	ZIP
PREVIOUS EMPLOYER NAME	TYPE OF BUSINESS	TIME WITH EMPLOYER	POSITION	WORK PHONE

FINANCIAL INFORMATION

U.S. BANK ACCOUNT (Please check all that apply) <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/> N/A	U.S. CREDIT EXPERIENCE (please check all that apply) <input type="checkbox"/> CREDIT CARD <input type="checkbox"/> AUTO LOAN <input type="checkbox"/> STUDENT LOAN <input type="checkbox"/> MORTGAGE <input type="checkbox"/> PERSONAL LOAN <input type="checkbox"/> N/A <input type="checkbox"/> OTHER
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VERIFIABLE PERSONAL REFERENCES

LAST NAME	FIRST NAME	PHONE NUMBER	EMAIL ADDRESS
LAST NAME	FIRST NAME	PHONE NUMBER	EMAIL ADDRESS

REQUIRED DOCUMENTATION (In order to complete the application process, photocopies of the following documentation must be provided by the applicant)

<input type="checkbox"/> PROOF OF IDENTIFICATION (DRIVER LICENSE, PASSPORT OR IDENTIFICATION CARD) <input type="checkbox"/> PROOF OF INCOME (MOST RECENT TWO PAY STUBS OR LETTER FROM EMPLOYER, LAST THREE BANK STATEMENTS) <input type="checkbox"/> LAST TWO INCOME TAXES AND LAST THREE BANK STATEMENTS IF SELF EMPLOYED <input type="checkbox"/> PROOF OF RESIDENCY (UTILITY BILL, ENERGY, CABLE, TELEPHONE, ETC.) ADDITIONAL DOCUMENTATION MAY BE REQUIRED AFTER YOUR APPLICATION IS SUBMITTED.

- THE TERMS "WE" AND "US" USED BELOW REFER TO THE DEALER IDENTIFIED ABOVE, WHICH IS THE ORIGINATING CREDITOR IN THIS TRANSACTION, AND GET FINANCED LLC., WHICH IS THE FINANCIAL INSTITUTION THAT WILL REVIEW THIS APPLICATION AND MAY PURCHASE THE CREDIT CONTRACT FROM THAT DEALER.
- THE TERM "YOU" USED BELOW MEANS ANY PERSON, INCLUDING ANY CO-APPLICANT, CO-SIGNER OR GUARANTOR(S) WHO SUBMIT THIS LOAN APPLICATION.
- BY SIGNING BELOW, YOU UNDERSTAND AND AGREE THAT YOU ARE APPLYING FOR A LOAN BY PROVIDING THIS APPLICATION AND DOCUMENTATION. YOU AUTHORIZE US TO RECEIVE AND REVIEW THIS APPLICATION, AND YOU UNDERSTAND THAT WE WILL RELY ON THE INFORMATION PROVIDED IN MAKING THE CREDIT DECISION. YOU AUTHORIZE US TO CHECK YOUR CREDIT AND EMPLOYMENT HISTORY. YOU AGREE THAT WE MAY OBTAIN A CONSUMER CREDIT REPORT PERIODICALLY FROM ONE OR MORE CONSUMER REPORTING AGENCIES.
- BY PROVIDING YOUR PHONE NUMBER(S) ON THIS APPLICATION, YOU ARE CONSENTING TO RECEIVE SERVICING AND SALES CALLS, TEXT MESSAGES AND PRE-RECORDED CALLS FROM OR ON BEHALF OF US.
- YOU CERTIFY THAT YOU HAVE READ AND AGREE TO THE INFORMATION, TERMS, CONDITIONS AND DISCLOSURES ON THE PAGES OF THIS APPLICATION, AND YOU CERTIFY THAT ALL THE INFORMATION ENTERED ON THIS LOAN APPLICATION IS TRUE AND ACCURATE. YOU UNDERSTAND THAT FALSE STATEMENTS MAY SUBJECT YOU TO CRIMINAL PENALTIES.

APPLICANT'S SIGNATURE _____ CO-APPLICANT'S SIGNATURE _____ DATE _____

LOAN APPLICATION CO-APPLICANT



- THIS SECTION OF THE APPLICATION MUST BE COMPLETED AND SIGNED ONLY WHEN THE APPLICANT WISHES TO APPLY FOR JOINT CREDIT WITH ANOTHER PERSON.
- THE TERM "YOU" USED BELOW MEANS ANY CO-APPLICANT, CO-SIGNER OR GUARANTOR(S) WHO SUBMIT THIS LOAN APPLICATION.
- PLEASE READ AND FILL OUT THE APPLICATION CAREFULLY. YOU MUST SUBMIT A COMPLETE AND ORIGINAL SIGNED APPLICATION AND ALL THE REQUIRED DOCUMENTATION LISTED ON THIS FORM. BY COMPLETING AND SIGNING THIS APPLICATION, YOU CERTIFY THAT YOU HAVE READ ALL THE INFORMATION, TERMS, CONDITIONS AND DISCLOSURES ON THE FIRST AND SECOND PAGE OF THIS APPLICATION AND UNDERSTAND THAT YOU WISH TO BE THE CO-APPLICANT OF THE APPLICANT IDENTIFIED IN THE SECTION BELOW. INCOMPLETE OR UNSIGNED APPLICATIONS WILL BE RETURNED AND NOT ACCEPTED.

APPLICANT IDENTIFICATION			
LAST NAME	FIRST NAME	MIDDLE INITIAL	SOCIAL SECURITY #

CO- APPLICANT INFORMATION

PERSONAL INFORMATION					
LAST NAME	FIRST NAME	MIDDLE INITIAL	SOCIAL SECURITY #	DATE OF BIRTH (MM/DD/YY)	
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HOME STREET ADDRESS		CITY	STATE	ZIP	HOME PHONE
RESIDENTIAL STATUS <input type="radio"/> OWN <input type="radio"/> RENT <input type="radio"/> FAMILY <input type="radio"/> OTHER			MONTHLY HOUSING PAYMENT		TIME AT ADDRESS
PREVIOUS HOME ADDRESS			CITY	STATE	ZIP

INCOME INFORMATION						
EMPLOYMENT STATUS (Please check all that apply) <input type="checkbox"/> EMPLOYED <input type="checkbox"/> SELF-EMPLOYED <input type="checkbox"/> RETIRED <input type="checkbox"/> STUDENT		OTHER EMPLOYMENT STATUS (if applicable)		CURRENT EMPLOYER NAME		TYPE OF BUSINESS
TIME WITH EMPLOYER	POSITION	ANNUAL SALARY	OTHER INCOME (ANNUALLY)	SOURCE OF OTHER INCOME		WORK PHONE
WORK EMAIL ADDRESS		WORK STREET ADDRESS		CITY	STATE	ZIP
PREVIOUS EMPLOYER NAME		TYPE OF BUSINESS	TIME WITH EMPLOYER	POSITION	WORK PHONE	

FINANCIAL INFORMATION	
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VERIFIABLE PERSONAL REFERENCES			
LAST NAME	FIRST NAME	PHONE NUMBER	EMAIL ADDRESS
LAST NAME	FIRST NAME	PHONE NUMBER	EMAIL ADDRESS

COMMENTS

REQUIRED DOCUMENTATION (In order to complete the application process, photocopies of the following documentation must be provided by the co-applicant)
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APPLICANT'S SIGNATURE _____ CO-APPLICANT'S SIGNATURE _____ DATE _____