

FINANCIAL SERVICES APPLICATION

CUSTOMER'S STATEMENT - PLEASE PRINT CLEARLY

Dealer Name _____

Individual Credit - applying for credit in your own name and relying on your income or assets and not the income or assets of another person as the basis for repayment of the credit requested. **COMPLETE SECTION A**

Joint Credit - applying for joint credit with another person. (Relationship to co-applicant, if any _____.) **COMPLETE SECTION A and B**

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 repayment of the credit requested.

A. Applicant's Credit Information

Social Security or Tax ID Number _____

First Name (Business Name) _____

MI _____ Last Name _____

Date of Birth (MM/DD/YY) _____

Home Phone _____ / _____ / _____

Current Address, Number & Street _____

City / Town _____ County _____

State _____ Zip _____

Own Rent / Lease Family Other _____

Years There _____

Landlord / Mortgage Holder _____

Address _____

Payment / Rent \$ _____ Mortgage Balance \$ _____

Previous Address, Number & Street _____

City / Town _____

State _____ Zip _____

Employment Others Self

Business Name _____

Address Number & Street _____

City / Town _____

State _____ Zip _____

Trade or Occupation _____

Salary or Gross Monthly Pay \$ _____

Time Employed _____ Years _____ Months

Business Phone _____ / _____ / _____

Name of Previous Employer _____

Address _____ Years There _____

Work Phone _____

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 \$ _____

Name of Nearest Relative or Friend NOT Living With You _____

Address _____

Phone _____ Relationship _____

B. Co-Applicant's Credit Information

Social Security or Tax ID Number _____

First Name (Business Name) _____

MI _____ Last Name _____

Date of Birth (MM/DD/YY) _____

Home Phone _____ / _____ / _____

Current Address, Number & Street _____

City / Town _____ County _____

State _____ Zip _____

Own Rent / Lease Family Other _____

Years There _____

Landlord / Mortgage Holder _____

Address _____

Payment / Rent \$ _____ Mortgage Balance \$ _____

Previous Address, Number & Street _____

City / Town _____

State _____ Zip _____

Employment Others Self

Business Name _____

Address Number & Street _____

City / Town _____

State _____ Zip _____

Trade or Occupation _____

Salary or Gross Monthly Pay \$ _____

Time Employed _____ Years _____ Months

Business Phone _____ / _____ / _____

Name of Previous Employer _____

Address _____ Years There _____

Work Phone _____

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 \$ _____

Name of Nearest Relative or Friend NOT Living With You _____

Address _____

Phone _____ Relationship _____

Loan / Lease Request New Used Retail Lease Balloon

Vehicle Equipment Options

A/C Auto Manual CD Pwr Windows Pwr Seats Pwr Locks 4WD Alloys Cruise Tilt Sunroof Leather

Vehicle Year _____ Make _____ Model _____ Mileage _____

VIN Number _____

Cash Selling Price \$ _____ Net Trade \$ _____ Cash \$ _____

Amount Financed Including Tax, Registration & Conveyance Fee _____

Term _____ Estimated Payment \$ _____

Trade In Year _____ Make _____ Model _____ Lien Holder _____

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Credit References

Creditor _____ Account # _____
Creditor _____ Account # _____

Deposit Accounts

Bank _____ Account # _____
Type of Account Checking Savings Other

Credit References

Creditor _____ Account # _____
Creditor _____ Account # _____

Deposit Accounts

Bank _____ Account # _____
Type of Account Checking Savings Other

Insurance Information Automobile insurance is required for the full term of the contract, at your expense, against the hazards of fire, theft and accidental physical damage (including collision). This insurance must protect the interests of you and Bank Of Western Massachusetts. The policies issued by the insurance company will describe terms and conditions. **YOU MAY CHOOSE THE PERSON THROUGH WHOM ANY INSURANCE IS OBTAINED.**

Insurance Company _____ Agent _____ Phone Number ____/____/____

I / We certify that all statements on this application are true & complete. I / We authorize **IDEAL FINANCIAL** to make any credit inquiries necessary to process this application, to review the performance of this account, or to collect any credit extended to me/us. Any credit investigation and information furnished **IDEAL FINANCIAL** by any person, organization or consumer reporting agency is hereby authorized by me/us and whether approved or not, this application remains **IDEAL FINANCIAL's** property. If this is a joint application, each applicant will at all times be separately liable for the full amount of any balance due on this account.

Applicant's Signature _____ Co-Applicant's Signature _____

Date _____ Date _____

Fair Credit Reporting Act Disclosure:

This application for credit sale may be considered by IDEAL FINANCIAL and the dealer as to whether it meets purchase