

(A) APPLICANT INFORMATION					(B) JOINT APPLICANT INFORMATION				
FULL NAME			DOB		FULL NAME			DOB	
SSN		STREET ADDRESS		APT #	SSN		STREET ADDRESS		APT #
CITY		STATE	ZIP	HOW LONG? ____YRS ____MOS	CITY		STATE	ZIP	HOW LONG? ____YRS ____MOS
HOME PHONE		CELL PHONE		MONTHLY RENT/MORTGAGE	HOME PHONE		CELL PHONE		MONTHLY RENT/MORTGAGE
RESIDENTIAL STATUS <input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> WITH RELATIVES <input type="checkbox"/> WITH FRIENDS <input type="checkbox"/> OTHER				LANDLORD/MORTGAGE	RESIDENTIAL STATUS <input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> WITH RELATIVES <input type="checkbox"/> WITH FRIENDS <input type="checkbox"/> OTHER				LANDLORD/MORTGAGE
LANDLORD PHONE	PREVIOUS ADDRESS (if less than 2 yrs at current address)			APT #	LANDLORD PHONE	PREVIOUS ADDRESS (if less than 2 yrs at current address)			APT #
CITY		STATE	ZIP	HOW LONG? ____YRS ____MOS	CITY		STATE	ZIP	HOW LONG? ____YRS ____MOS
CURRENT EMPLOYER			GROSS MONTHLY SALARY		CURRENT EMPLOYER			GROSS MONTHLY SALARY	
CURRENT EMPLOYER'S ADDRESS		CITY		STATE	CURRENT EMPLOYER ADDRESS		CITY		STATE
ZIP	WORK PHONE	HOW LONG? ____YRS ____MOS	OCCUPATION/JOB TITLE		ZIP	WORK PHONE	HOW LONG? ____YRS ____MOS	OCCUPATION/JOB TITLE	
PREVIOUS EMPLOYER (if less than 2 years at current job)			GROSS MONTHLY SALARY		PREVIOUS EMPLOYER (if less than 2 years at current job)			GROSS MONTHLY SALARY	
PREVIOUS EMPLOYER'S FULL ADDRESS				PHONE	PREVIOUS EMPLOYER'S FULL ADDRESS				PHONE
STATE	ZIP	HOW LONG? ____YRS ____MOS	OCCUPATION/JOB TITLE		STATE	ZIP	HOW LONG? ____YRS ____MOS	OCCUPATION/JOB TITLE	
SECONDARY EMPLOYER NAME (if applicable)		SECONDARY EMPLOYER ADDRESS			SECONDARY EMPLOYER NAME (if applicable)		SECONDARY EMPLOYER ADDRESS		
CITY		STATE	ZIP	GROSS MONTHLY SALARY	CITY		STATE	ZIP	GROSS MONTHLY SALARY
SECONDARY EMPLOYER PHONE		HOW LONG? ____YRS ____MOS	OCCUPATION/ JOB TITLE		SECONDARY EMPLOYER PHONE		HOW LONG? ____YRS ____MOS	OCCUPATION/JOB TITLE	
OTHER INCOME NOTE: Alimony, child support, or separate maintenance incomes do not have to be revealed unless the applicant wishes to have such sources considered as a basis for repayment of the requested credit amount.									
GROSS MONTHLY OTHER INCOME			OTHER INCOME SOURCE		GROSS MONTHLY OTHER INCOME			OTHER INCOME SOURCE	
REFERENCE 1			PHONE		ADDRESS			RELATIONSHIP	
REFERENCE 2			PHONE		ADDRESS			RELATIONSHIP	
BANK REFERENCE					<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS				

FAIR CREDIT REPORTING ACT TO CONSUMER

THIS WILL ADVISE YOU THAT YOUR RETAIL INSTALLMENT SALES CONTRACT AND BUYER'S APPLICATION FOR SECURED DEBT WILL BE SUBMITTED TO FINANCIAL INSTITUTIONS AND THEIR AFFILIATES, INCLUDING SOME OF THE FOLLOWING: TRUSTMARK NATIONAL BANK, CAPITALONE BANK, WELLS FARGO AUTO FINANCE, CRESCENT BANK & TRUST, AMERICREDIT FINANCIAL SERVICES AND TIDEWATER MOTOR CREDIT FOR PURCHASE AND CONSIDERATION AS TO WHETHER YOU MEET THEIR CREDIT REQUIREMENTS.

THE UNDERSIGNED FURTHER AUTHORIZES THESE FINANCIAL INSTITUTIONS AND THEIR AFFILIATES TO OBTAIN SUCH INFORMATION THAT THEY MAY REQUIRE IN ORDER TO VERIFY INFORMATION RELATIVE TO THIS REQUEST INCLUDING CONTACTING SPOUSES TO VERIFY SPOUSE RELATED INFORMATION.

I CERTIFY THAT ALL INFORMATION GIVEN BY ME ON THIS APPLICATION IS COMPLETE AND ACCURATE. I GIVE MY PERMISSION FOR ANY FINANCIAL INSTITUTION WHICH WILL REVIEW THIS CREDIT APPLICATION, TO INVESTIGATE MY CREDIT AND EMPLOYMENT HISTORY, AND TO ANSWER QUESTIONS ABOUT THEIR CREDIT EXPERIENCE WITH ME INCLUDING BUT NOT LIMITED TO LATE PAYMENTS, MISSED PAYMENTS OR OTHER DEFAULTS, AND THIS INFORMATION MAY BE REPORTED IN YOUR CREDIT REPORT.

TO HELP THE GOVERNMENT FIGHT THE FUNDING OF TERRORISM AND MONEY LAUNDERING ACTIVITIES, FEDERAL LAW REQUIRES ALL FINANCIAL INSTITUTIONS TO OBTAIN, VERIFY, AND RECORD ALL INFORMATION THAT IDENTIFIES EACH PERSON WHO OPENS AN ACCOUNT.

WHAT THIS MEANS FOR YOU: WHEN YOU OPEN AN ACCOUNT, WE WILL ASK FOR YOUR NAME, ADDRESS, DATE OF BIRTH, AND OTHER INFORMATION THAT WILL ALLOW US TO IDENTIFY YOU. WE WILL ASK TO SEE YOUR DRIVER'S LICENSE OR OTHER IDENTIFYING DOCUMENTS.

APPLICANT
SIGNATURE _____
REQUIRED _____ DATE _____

JOINT APPLICANT
SIGNATURE _____
REQUIRED _____ (means you intend to apply for joint credit) DATE _____

(A) APPLICANT Driver's License No. _____

(B) JOINT APPLICANT Driver's License No. _____

FOR DEALER USE ONLY

NEW	USED	DEMO	YEAR	MAKE	BOOK VALUE	CASH SELLING PRICE	_____
MODEL					BODY STYLE	MILEAGE	_____
TRADE IN YEAR		MAKE	MODEL	LIENHOLDER	_____		
TERM	RATE	AMOUNT	DEALER	_____			
NET TRADE						_____	
CASH DOWN						_____	
UNPAID BALANCE						_____	
PLUS INSURANCE & FEES						_____	
TOTAL AMOUNT FINANCED						_____	