

\*YOU MAY APPLY FOR CREDIT BY YOURSELF OR WITH ANOTHER PERSON WHO MAY BE YOUR SPOUSE OR SOMEONE ELSE. IF YOU ARE APPLYING WITH ANOTHER PERSON WHO IS NOT YOUR SPOUSE, THAT PERSON MUST FILL OUT A SEPARATE APPLICATION WHICH SHOULD BE SUBMITTED TOGETHER WITH YOUR APPLICATION.



# DEALER CREDIT APPLICATION

APPROVED BY THE WASHINGTON STATE HUMAN RIGHTS COMMISSION

PART 1 – Applicant					PART 2 – Joint Applicant				
FULL NAME <span style="float: right;"><input type="checkbox"/> JR <input type="checkbox"/> SR</span>					<b>PROVIDE THIS INFORMATION ABOUT YOUR SPOUSE IF YOU ARE MARRIED AND LIVING IN WASHINGTON, IDAHO OR ANOTHER COMMUNITY PROPERTY STATE, OR IF YOU ARE RELYING ON YOUR SPOUSE'S WAGES TO REPAY US.</b>				
OTHER NAMES IN WHICH CREDIT HAS BEEN GIVEN			DATE OF BIRTH						
STREET ADDRESS		CITY	STATE	ZIP	<b>ALSO PROVIDE THIS INFORMATION ABOUT YOUR FORMER SPOUSE IF YOU ARE RELYING ON ALIMONY, CHILD SUPPORT OR MAINTENANCE PAYMENTS TO REPAY US.* (ATTACH ANOTHER PAGE IF NECESSARY.)</b>				
YRS. THERE	# OF DEPENDENTS	HOME PHONE							
PREVIOUS ADDRESS		CITY	STATE	ZIP	JOINT APPLICANT'S NAME		RELATIONSHIP		
YRS. THERE	DRIVER LICENSE NUMBER	SOCIAL SECURITY NUMBER			OTHER NAMES IN WHICH CREDIT HAS BEEN GIVEN		DATE OF BIRTH		
MARITAL STATUS <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNMARRIED (INCLUDES SINGLE, DIVORCED AND WIDOWED)					YRS. THERE		DRIVER LICENSE NUMBER		SOCIAL SECURITY #
NEAREST RELATIVE NOT LIVING WITH YOU		RELATIONSHIP		PHONE	HOME PHONE		PREVIOUS ADDRESS		CITY
RELATIVE'S ADDRESS		CITY	STATE	ZIP	STATE	ZIP	YRS. THERE	JOINT APPLICANT'S NEAREST RELATIVE	
NOTIFY IN EMERGENCY (NOT A RELATIVE)			PHONE		RELATIVE'S ADDRESS		CITY	STATE	ZIP
STREET ADDRESS		CITY	STATE	ZIP	RELATIONSHIP		PHONE		
ADDITIONAL PERSONAL REFERENCE			PHONE		ADDITIONAL PERSONAL REFERENCE				PHONE
STREET ADDRESS		CITY	STATE	ZIP	STREET ADDRESS		CITY	STATE	ZIP
YOUR EMPLOYER (IF SELF-EMPLOYED, GIVE NAME OF BUSINESS)					ADDITIONAL PERSONAL REFERENCE				PHONE
STREET ADDRESS		CITY	STATE	ZIP	STREET ADDRESS		CITY	STATE	ZIP
POSITION/PROFESSION/OCCUPATION				YRS THERE		EMPLOYER			
BUSINESS PHONE			GROSS MONTHLY SALARY \$		STREET ADDRESS		CITY	STATE	ZIP
PREVIOUS EMPLOYER					POSITION			YRS THERE	
STREET ADDRESS		CITY	STATE	ZIP	BUSINESS PHONE		GROSS MONTHLY SALARY \$		
YRS. THERE		POSITION			PREVIOUS EMPLOYER				
<b>*IMPORTANT: YOU DON'T HAVE TO INCLUDE INFORMATION ON INCOME FROM ALIMONY, CHILD SUPPORT, OR MAINTENANCE UNLESS YOU WANT US TO CONSIDER IT IN GRANTING CREDIT.</b>					STREET ADDRESS		CITY	STATE	ZIP
SOURCE OF YOUR OTHER INCOME*			MONTHLY AMOUNT \$		YRS. THERE		POSITION		
CHECKING BANK		BRANCH	ACCOUNT NO.		<b>*IMPORTANT: YOU DON'T HAVE TO INCLUDE INFORMATION ON INCOME FROM ALIMONY, CHILD SUPPORT, OR MAINTENANCE UNLESS YOU WANT US TO CONSIDER IT IN GRANTING CREDIT.</b>				
SAVINGS BANK		BRANCH	ACCOUNT NO.		SOURCE OF JOINT APPLICANT'S OTHER INCOME*			MONTHLY AMOUNT \$	
<b>OTHER INFORMATION:</b> IF YOU ANSWER YES TO ANY OF THESE QUESTIONS, EXPLAIN IN COMMENTS SECTION ON REVERSE SIDE.  ARE YOU A DEFENDANT IN A LEGAL ACTION SUIT?..... <input type="checkbox"/> YES <input type="checkbox"/> NO ARE YOU A GUARANTOR?..... <input type="checkbox"/> YES <input type="checkbox"/> NO HAVE YOU DECLARED BANKRUPTCY WITHIN THE PAST SEVEN YEARS?..... <input type="checkbox"/> YES <input type="checkbox"/> NO					JOINT APPLICANT'S CHECKING BANK		BRANCH	ACCOUNT NO.	
					SAVINGS BANK		BRANCH	ACCOUNT NO.	
PART 3 – Your Credit Profile...					LIST ALL DEBTS AND OBLIGATIONS. IF YOU COMPLETED PART 2, ALSO GIVE US CREDIT INFORMATION ON THAT PERSON. IF THAT PERSON IS A FORMER SPOUSE, GIVE US WHATEVER INFORMATION YOU HAVE. (ATTACH ANOTHER PAGE IF NECESSARY)				
MORTGAGE HOLDER OR LANDLORD					PURCHASE PRICE		BALANCE OWED		MONTHLY MORT. OR RENT
					\$		\$		\$
CAR	YEAR	MAKE MODEL	FINANCED BY/ADDRESS		PURCHASE PRICE		BALANCE OWED		MONTHLY PAYMENT
1					\$		\$		\$
<input type="checkbox"/> ALIMONY <input type="checkbox"/> CHILD SUPPORT <input type="checkbox"/> MAINTENANCE PAYMENTS <input type="checkbox"/> OTHER					MONTHLY PAYMENT \$				
BANK CHARGE CARD		CARD NO.	BANK		CREDIT LIMIT		BALANCE		MONTHLY PAYMENT
					\$		\$		\$
DEPT. STORE		ACCOUNT NO.	BRANCH/LOCATION		CREDIT LIMIT		BALANCE		MONTHLY PAYMENT
					\$		\$		\$
OTHER CREDITOR		ACCOUNT NO.	BRANCH/LOCATION		CREDIT LIMIT		BALANCE		MONTHLY PAYMENT
					\$		\$		\$
OTHER CREDITOR		ACCOUNT NO.	BRANCH LOCATION		CREDIT LIMIT		BALANCE		MONTHLY PAYMENT
					\$		\$		\$

UNDER PENALTIES OF PERJURY I DECLARE THAT I HAVE EXAMINED THE TAX IDENTIFICATION NUMBER AND THE SECTION ON CITIZENSHIP TO THE BEST OF MY KNOWLEDGE AND BELIEF THEY ARE CORRECT AND COMPLETE.

APPLICANT'S STATEMENT: I HAVE ANSWERED THE QUESTIONS IN THIS APPLICATION FULLY AND TRUTHFULLY. I UNDERSTAND THAT YOU MAY CHECK MY CREDIT RECORD AND ANY STATEMENTS I HAVE MADE. I GIVE ALL MY CREDITOR'S PERMISSION TO GIVE YOU ANY INFORMATION YOU NEED TO DETERMINE WHETHER YOU WANT TO GRANT ME CREDIT. I GIVE YOU PERMISSION TO GIVE CREDIT REPORTING AGENCIES AND OTHER CREDITORS INFORMATION RELATING TO ANY CREDIT YOU MIGHT GRANT ME.

APPLICANT'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

JOINT APPLICANT \_\_\_\_\_

DATE \_\_\_\_\_