

# CREDIT APPLICATION

Application for Credit Used in Any Sale of Vehicle Governed by NRS 97.299



## SECTION A

**IMPORTANT: READ THE INSTRUCTIONS BEFORE COMPLETING THIS APPLICATION. Please check appropriate box.**

- If you are applying for individual credit in your own name and are relying on your own income or assets and not the income or assets of another person as the basis for repayment of the credit requested.
- If you are married and live in a community property state complete all sections, including Section C, providing information about your spouse.
- If this is an application for joint credit with another person, complete all sections providing information in Section C about the Co-Applicant.

NOTE: APPLICANT, IF MARRIED, MAY APPLY FOR A SEPARATE ACCOUNT.

Seller: \_\_\_\_\_

Stock Number: \_\_\_\_\_

Date: \_\_\_\_\_

Amount Requested: \$ \_\_\_\_\_

## SECTION B - Information regarding Applicant.

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last Name \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
How long at this address? \_\_\_\_ yrs \_\_\_\_ mos Phone \_\_\_\_\_ Alt Phone \_\_\_\_\_  
Driver's License Number \_\_\_\_\_ Birth Date \_\_\_\_\_ SSN \_\_\_\_\_  
 Married  Unmarried  Separated Ages of Dependents \_\_\_\_\_  
Previous Address to cover 3 years' residence  
Previous Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
How long at this address? \_\_\_\_ yrs \_\_\_\_ mos  
Previous Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
How long at this address? \_\_\_\_ yrs \_\_\_\_ mos  
Current Employer \_\_\_\_\_ Occupation \_\_\_\_\_ How long? \_\_\_\_ yrs \_\_\_\_ mos  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
Previous Employer to cover 2-year history \_\_\_\_\_ Occupation \_\_\_\_\_ How long? \_\_\_\_ yrs \_\_\_\_ mos  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
Nearest relative not living with me: Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

## SECTION C - Information regarding Spouse or Co-Applicant. (Use separate sheets if necessary.)

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last Name \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
How long at this address? \_\_\_\_ yrs \_\_\_\_ mos Phone \_\_\_\_\_ Alt Phone \_\_\_\_\_  
Driver's License Number \_\_\_\_\_ Birth Date \_\_\_\_\_ SSN \_\_\_\_\_  
 Married  Unmarried  Separated Ages of Dependents \_\_\_\_\_  
Previous Address to cover 3 years' residence  
Previous Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
How long at this address? \_\_\_\_ yrs \_\_\_\_ mos  
Previous Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
How long at this address? \_\_\_\_ yrs \_\_\_\_ mos  
Current Employer \_\_\_\_\_ Occupation \_\_\_\_\_ How long? \_\_\_\_ yrs \_\_\_\_ mos  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
Previous Employer to cover 2-year history \_\_\_\_\_ Occupation \_\_\_\_\_ How long? \_\_\_\_ yrs \_\_\_\_ mos  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
Nearest relative not living with me: Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

**APPLICANT'S INCOME**

Applicant's gross monthly income from employment \$ \_\_\_\_\_

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. Alimony, child support, separate maintenance received under:

- Court Order     Written Agreement     Oral Understanding

Amount of other monthly income and source(s):                  Amount:                  \$ \_\_\_\_\_

\_\_\_\_\_    \$ \_\_\_\_\_

Total monthly income:    \$ \_\_\_\_\_

**CO-APPLICANT'S INCOME**

Co-Applicant's gross monthly income from employment \$ \_\_\_\_\_

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. Alimony, child support, separate maintenance received under:

- Court Order     Written Agreement     Oral Understanding

Amount of other monthly income and source(s):                  Amount:                  \$ \_\_\_\_\_

\_\_\_\_\_    \$ \_\_\_\_\_

Total monthly income:    \$ \_\_\_\_\_

~~Complete ONLY if transaction involves the purchase of a recreational vehicle to be occupied by applicant as applicant's principal residence and the transaction will be secured by the recreational vehicle.~~

~~The following information is required by the Federal Government for certain types of loans related to a dwelling in order to monitor the lender's compliance with equal credit opportunity and fair housing laws. You are not required to furnish the information, but are encouraged to do so. The law provides that a lender may neither discriminate on the basis of this information, nor on whether you choose to furnish it. However, if you choose not to furnish the information, under federal regulations the lender is required to note race or national origin and sex on the basis of visual observation or surname. If you do not wish to furnish the information, please check below.~~

~~APPLICANT     I do not wish to furnish this information.~~

~~CO-APPLICANT     I do not wish to furnish this information.~~

~~RACE/NATIONAL ORIGIN~~

~~RACE/NATIONAL ORIGIN~~

- ~~American Indian/Alaskan Native     Hispanic  
 Asian/Pacific Islander                   White  
 Black     Other \_\_\_\_\_~~

- ~~American Indian/Alaskan Native     Hispanic  
 Asian/Pacific Islander                   White  
 Black     Other \_\_\_\_\_~~

~~SEX     Male     Female~~

~~SEX     Male     Female~~

**SECTION D - ASSET AND DEBT INFORMATION**

(If SECTION C has been completed, this section should be completed giving information about both the Applicant and Co-Applicant or Other Person. Please mark Applicant-related information with an "A." If SECTION C was not completed, only give information about the Applicant in this section.)

Landlord or Mortgage Holder:     Own     Rent

Name \_\_\_\_\_ Account Number \_\_\_\_\_ Estimated Value \$ \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mortgage Balance \$ \_\_\_\_\_ Payment or Rent \$ \_\_\_\_\_ Date Purchased \_\_\_\_\_ Age of Home \_\_\_\_\_

Price paid for home \$ \_\_\_\_\_

2nd Mortgage Amount \$ \_\_\_\_\_ Payment \$ \_\_\_\_\_

Furniture owned Number of Rooms \_\_\_\_\_ To whom balance of furniture owed \_\_\_\_\_

Balance owed \$ \_\_\_\_\_ Estimated Value \$ \_\_\_\_\_

List all obligations:

Type of credit \_\_\_\_\_ Name of Company \_\_\_\_\_ Open  Closed

Name in which account carried \_\_\_\_\_ Address \_\_\_\_\_

Balance \$ \_\_\_\_\_ High \$ \_\_\_\_\_ Monthly Payments or date closed \_\_\_\_\_

Type of credit \_\_\_\_\_ Name of Company \_\_\_\_\_ Open  Closed

Name in which account carried \_\_\_\_\_ Address \_\_\_\_\_

Balance \$ \_\_\_\_\_ High \$ \_\_\_\_\_ Monthly Payments or date closed \_\_\_\_\_

Type of credit \_\_\_\_\_ Name of Company \_\_\_\_\_ Open  Closed

Name in which account carried \_\_\_\_\_ Address \_\_\_\_\_

Balance \$ \_\_\_\_\_ High \$ \_\_\_\_\_ Monthly Payments or date closed \_\_\_\_\_

Type of credit \_\_\_\_\_ Name of Company \_\_\_\_\_ Open  Closed

Name in which account carried \_\_\_\_\_ Address \_\_\_\_\_

Balance \$ \_\_\_\_\_ High \$ \_\_\_\_\_ Monthly Payments or date closed \_\_\_\_\_

Vehicle purchased from \_\_\_\_\_ Financed by \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

\$ \_\_\_\_\_

Vehicle purchased from \_\_\_\_\_ Financed by \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

\$ \_\_\_\_\_

Bank reference \_\_\_\_\_ Branch \_\_\_\_\_

Checking balance \$ \_\_\_\_\_ A/C # \_\_\_\_\_

Savings balance \$ \_\_\_\_\_ A/C # \_\_\_\_\_

Loan balance \$ \_\_\_\_\_ A/C # \_\_\_\_\_

Have you ever had a property repossessed?  Yes  No

Do you have any suits pending against you?  Yes  No

Have you filed bankruptcy in the past 4 years?  Yes  No

Military/Reserve?  No  Yes  Active  Inactive

Personal References (whom you have known for over a year).

Name \_\_\_\_\_ Phone \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

**SECTION E - INSURANCE**

If you wish to apply for vehicle insurance in connection with this credit application, complete the following:

Note: No person is required as a condition precedent to financing the purchase of a vehicle to purchase insurance through a particular insurance company, agent or broker.

Previous insurance company \_\_\_\_\_ Agent name \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_ Zip \_\_\_\_\_

Policy number \_\_\_\_\_ Where will vehicle be garaged? \_\_\_\_\_

Has your insurance ever been canceled by any company?  Yes  No If so, why? \_\_\_\_\_

Number of insurance losses in past 5 years \_\_\_\_\_ Total amount of losses \$ \_\_\_\_\_

**SECTION F**

The undersigned (1) makes the above representations, which are certified correct, for the purpose of securing credit, (2) authorizes the Financial Institution to gather whatever credit and employment history it considers necessary and appropriate, and also the Financial Institution to give information concerning the transaction to others, and (3) understands that we will retain this application whether or not it is approved.

The financial Institution named below may be requested to purchase a sales finance contract written, or to be written, in connection with your purchase. You are notified pursuant to the Fair Credit Reporting Act that your application may be submitted to them.

Financial Institution \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_ Zip \_\_\_\_\_

Purchaser hereby acknowledges receipt of a copy of this credit statement.

Applicant's signature \_\_\_\_\_ Co-Applicant Signature \_\_\_\_\_

**SECTION G - FOR SELLER'S USE ONLY**

1. Total Price	\$ _____	Year _____
2. Down Payment	\$ _____	Make _____
Cash	\$ _____	Model _____
Net Trade	\$ _____	Body Style _____
(Trade Allowance	\$ _____)	VIN Number _____
(Owed on Trade	\$ _____)	Optional Equipment:
3. Unpaid Balance (Subtract 2 from 1)	\$ _____	<input type="checkbox"/> Air Conditioner
4. Other charges (Specify)		<input type="checkbox"/> Automatic Transmission
\$ _____ \$ _____	\$ _____	<input type="checkbox"/> Power Steering
Invoice	\$ 0.00	<input type="checkbox"/> Power Breaks
5. Time Balance (Add 3 and 4)	\$ _____	<input type="checkbox"/> Other _____
6. Payable in _____ Monthly Installments of	\$ _____	
Annual Percentage Rate _____ %		
Used Car Miles _____		

Trade \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Body Style \_\_\_\_\_

Dealer Name \_\_\_\_\_ Year \_\_\_\_\_

Everything that I have stated in this application is correct to the best of my knowledge. I understand that American Credit Acceptance, LLC ("ACA") will retain this application whether or not it is approved. ACA is authorized to check my credit and employment history and to answer questions about ACA's credit experience with me.

\*\* I certify that the information I have provided is complete and correct. I understand and agree that ACA, its affiliates, agents, service providers and assignees may call me, using an automatic telephone dialing system or otherwise, leave me a voice, prerecorded, or artificial voice message, or send me a text, e-mail, or other electronic message for any purpose related to the servicing or collection of any account that I may establish with ACA and/or for other informational purposes related to any product or service that I purchase from ACA (each a "Communication"). I agree that ACA, its affiliates, agents, service providers and assignees may send a Communication to any telephone number (including cellular telephone numbers) or email address I provide in connection with any account that I establish with ACA or in connection with any product or service that I purchase from ACA. I also agree that ACA, its affiliates, agents, service providers and assignees may include my personal information in a Communication. I understand and agree that ACA, its affiliates, agents, service providers and assignees will not charge me for a Communication, but my service provider may. In addition, I understand and agree that ACA, its affiliates, agents, service providers and assignees may always communicate with me in any manner permissible by law. I agree that ACA, its affiliates, agents, service providers and assignees may monitor and record telephone calls to assure the quality of service or for other reasons.

I hereby authorize ACA and any other possible future financial institutions to initiate a credit investigation (including, but not limited to pulling credit reports and verifying employment, income, and residential information) and releasing information about ACA's experience with me as permitted by law under the Fair Credit Reporting Act. All information provided to ACA on this credit application has been voluntarily provided by myself and is complete and accurate in all respects. I authorize ACA to forward this application to any future financial institution that may purchase a resulting sales finance contract.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Co-Applicant or Other Party Signature \_\_\_\_\_ Date \_\_\_\_\_

#### FEDERAL NOTICES

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided that the applicant has the capacity to contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this creditor is the Federal Trade Commission, Equal Credit Opportunity, Washington, D.C. 20580.

#### STATE NOTICES

**California Residents:** The applicant, if married, may apply for a separate account.

**Maine and Tennessee Residents:** If your credit application is approved and ACA provides financing for your vehicle purchase, you will be required to maintain physical damage insurance reasonably satisfactory to ACA and covering ACA's interest in the vehicle for the term of the contract. You have the right to free choice in the selection of the insurer through which the insurance is to be placed; obtaining insurance products from a particular agent or broker does not affect credit decisions by ACA, unless the insurance product selected violates the terms of the extension of credit regarding adequacy of coverage.

**New Hampshire Residents:** All applicants that are applying for balloon contracts are entitled to receive, upon request, a written estimate of the monthly payment amount for refinancing within ACA's existing refinance programs.

**New York Residents:** With submitting this credit application, you permit ACA to pull a credit report from any credit reporting agency or bureau. If ACA extends credit to you in accordance to this application, you also permit ACA to pull any further credit reports in regards to any update, extensions, or modifications during the term of your retail installment sales contract with ACA. You have the right to request that ACA provide you with the name and address of the credit bureau and date the credit report was pulled.

**Ohio Residents:** The Ohio laws against discrimination require that all creditors make credit equally available to all creditworthy customers and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio Civil Rights Commission administers compliance with this law.

**Rhode Island Residents:** Credit reports may be obtained in connection with your application.

**Vermont Residents:** By signing this application you consent and give ACA permission to obtain credit reports in connection with any account established with ACA as a result of this application for credit for purposes of reviewing such account, increasing the credit line on that such account, or taking collection action on such account.

**MARRIED WISCONSIN RESIDENTS:** No provision of any marital property agreement, unilateral settlement agreement under Wis. Stat. §766.59, or court decree under Wis. Stat. §766.70 will adversely affect ACA's interest, unless prior to the time the credit is granted, ACA is furnished a copy of the agreement, statement or decree, or has actual knowledge of the adverse provision. If you are making this application individually and not jointly with your spouse, please provide the full name and correct address of your spouse.

Applicant's Name \_\_\_\_\_ Spouse's Name \_\_\_\_\_

Spouse's Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_