

# Idaho Standard Dealer Credit Application

Before completing this form please read directions carefully. (Check  appropriate boxes)

- Individual     I am applying with a Co-Applicant. (Please complete Sections A and B.)     I am applying with a Co-Signer. (Please complete Sections A and B.)     I understand that alimony, child support, or separate maintenance income need not be included unless I wish to have it considered as a basis for repaying this obligation. However, I will rely on alimony, child support, or separate maintenance payments or the income or assets of another person to repay you, so I must complete Sections A and B, about that person.
- Partnership     I am married and relying on community property to repay you. I understand that if I reside in Idaho, or another community property state, my wages and my spouse's wages are considered community property, so I must complete Sections A and B.
- Corporation

**A - YOUR PERSONAL CREDIT HISTORY - 5 YEAR MINIMUM**

Print Full Name *First, Middle, Last*  Sr.  Jr. Social Security Number Date of Birth Home Phone No. ( )

Present Address Number & Street City County State Zip Code Lived There Years Months

Rent By Mo. Landlord or Mortgage Holder Name Monthly Payment or Rent \$  Unmarried  Separated No. of Dependents  Lease  Own  Married

Previous Home Address If Less Than 5 Years Number and Street City County State Zip Code Lived There Years Months

Employed By Name Business Address, Number & Street City State How Long Years Months Business Phone No.  Self  Other ( )

Trade or Occupation Gross Salary or Wages \$ Name of Previous Employer Address No. Years

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 Gross Amount \$  Month  Week  Year

Name and Address of Parents or Nearest Relative Not Living With Me Name Address Phone No. Relationship

Name and Address of Personal Friend Name Address Phone No. Known How Long

Bank Account  No Account Name of Bank Branch Name and City Checking Account No.  Checking  Savings

Your Operator's License No. State Vehicle will be titled in the name of:  Applicant  Other

Date Last Car Financed Name of Creditor Monthly Payment \$ Balance Due or Date Paid Trading In This Car?  Yes  No

**CREDIT REFERENCES OR INSTALLMENT OBLIGATIONS** *Include Finance Companies, Banks, Credit Cards, Charge Accounts, Name(s) of Applicant in Which Credit Can Be Verified, If Other Than Shown above.*

Name of Creditor	Address	Account Number	Balance \$

Has Any of Your Property Ever Been Repossessed?  No  Yes (If Yes, When and By Whom?) Monthly Alimony, Child Support, Day Care, Payments I Must Make \$

Are There Unsatisfied Judgments (Suits Pending) Against You?  Yes  No Have You Been Personally Involved in a Bankruptcy Proceeding (In the Last 10 Years)?  Yes  No Are You an Endorsor or Guarantor on any Other Loan or Contract?  Yes  No Military Status  Active Duty  Reserve  Inactive

**B - THE OTHER PARTY'S CREDIT HISTORY - 5 YEAR MINIMUM**

Print Full Name *First, Middle, Last*  Sr.  Jr. Social Security Number Date of Birth Home Phone No. ( )

Present Address Number & Street City County State Zip Code Lived There Years Months

Rent By Mo. Landlord or Mortgage Holder Name Monthly Payment or Rent \$  Lease  Own

Previous Home Address If Less Than 5 Years Number and Street City County State Zip Code Lived There Years Months

Employed By Name Business Address, Number & Street City State How Long Years Months Business Phone No.  Self  Other ( )

Trade or Occupation Gross Salary or Wages \$ Name of Previous Employer Address No. Years

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 Gross Monthly Amount \$

Bank Account  No Account Name of Bank Branch Name and City Checking Account No.  Checking  Savings

**CREDIT REFERENCES OR INSTALLMENT OBLIGATIONS** *Include Finance Companies, Banks, Credit Cards, Charge Accounts, Name(s) of Applicant in Which Credit Can Be Verified, If Other Than Shown above.*

Name of Creditor	Address	Account Number	Balance \$

**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 the lender. The policies issued by the insurance company will describe the terms and conditions. **YOU MAY CHOOSE THE PERSON THROUGH WHOM ANY INSURANCE IS OBTAINED.**  If you wish to apply for Vehicle Insurance in connection with this Credit Application, complete an Insurance Application form. (Check Here)

Do you desire convenient, Automatic Deductions from your Checking Account for making Payments?  YES  NO If your answer is Yes, please complete the Authorization Agreement provided.

We may request and use subsequent consumer reports other than investigative reports, in connection with an update, renewal or extension of the credit for which this application is made. As used in this paragraph, "you" and "your" shall refer to applicant signing below, and, "we" and "us" shall refer to the dealer and to ANY financial institution to whom dealer submits this application for credit.

**FAIR CREDIT REPORTING ACT DISCLOSURE:** This application for credit may be submitted by the Dealer to various financial institutions. Before this application is submitted, the Dealer will disclose to me, the name and address of the institution(s) who will receive copies of this application.

For the purposes of securing credit from you, I/We certify that the above information is true and complete to the best of My/Our knowledge. Applicant(s) further certify the I/We have attained the age of Majority. Applicant(s) authorize you to check My/Our credit and employment history and to provide and/or obtain information about credit experience with Me/Us.

Applicant's Signature \_\_\_\_\_ Date Signed \_\_\_\_\_ Co-Applicant's Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

Date \_\_\_\_\_ Dealer Name \_\_\_\_\_ Dealer's FAX # \_\_\_\_\_ Salesperson \_\_\_\_\_ Phone No. \_\_\_\_\_ Stock # \_\_\_\_\_

WELLS-FARGO	FIRST SECURITY	KEY BANK	U.S. BANK	OTHER (Bank Name)
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