



PLEASE PRINT PLAINLY

Merchant Fax Number

( 4 0 7 ) 3 3 9 - 6 2 2 2

Cannot process without fax number.

FINANCIAL SERVICES

Amount Financed

Date: / /

FAILURE TO PROVIDE THE AMOUNT TO BE FINANCED MAY RESULT IN AN INSUFFICIENT CREDIT LIMIT ASSIGNMENT.

Applicant information: Last Name, First Name, MI, Suffix, # Dependents, Date of Birth, Social Security Number, Home Phone, Time At Address, Present Address, City, State, Zip, Value Of Home, Mo. Rent/Mtg. Pmt.

Employment and Income information: PRESENT EMPLOYER (Name of Company), Income (Gross/Net, Monthly/Annual), Occupation or Title, Employer's Phone, Other Income, Source Of Other Income, Email Address.

Co-applicant information: Credit Applied For (Joint/Individual), Last Name of Co-Applicant, First Name, MI, Suffix, Date of Birth, Social Security Number, Time At Address, Present Address, Relationship to Applicant, City, State, Zip, Home Phone, PRESENT EMPLOYER, Income, Occupation or Title, Employer's Phone, Other Income, Source Of Other Income.

APPLICANT/JOINT APPLICANT : Please read and sign below.

Seller will submit your application to [redacted] its affiliate, which may buy Retail Installment Sales Contract.

[redacted] may share with its affiliates any information regarding you or your application, acceptance, or credit experience with [redacted]. However, you may request that this information not be shared with affiliates by notifying [redacted] by mail or phone at the location shown above or by initialing this box: [ ]

[redacted] may investigate your creditworthiness (including obtaining credit reports and verifying employment information). [redacted] may request a consumer report from consumer reporting agencies in considering your credit application. [redacted] may use any credit report obtained in connection with this application for [redacted]