

CULANE Credit Application

Credit Sale
 Lease
 Type of Credit Requested: Individual
 Joint
 We intend to apply for joint credit: _____
Initials Initials

The words "you" and "your" refer to each person submitting this application. The words "we", "us", and "our" refer to the seller and the financial companies to which your application is submitted. The words "married" and "spouse" include registered domestic partners or civil union where applicable.

IMPORTANT INFORMATION: Federal law requires financial companies to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information.

| APPLICANT INFORMATION | | | | | JOINT APPLICANT OR OTHER PARTY | | | | |
|---|--|------------------------------|---|-------------------------------------|---|--|------------------------------|---|-------------------------------------|
| FULL NAME (FIRST, MIDDLE, LAST) | | | | | FULL NAME (FIRST, MIDDLE, LAST) | | | | |
| SOCIAL SECURITY NO. | | | PRIMARY PHONE <input type="checkbox"/> CELL | | SOCIAL SECURITY NO. | | | PRIMARY PHONE <input type="checkbox"/> CELL | |
| EMAIL ADDRESS | | | | | EMAIL ADDRESS | | | | |
| STREET ADDRESS | | APT# | HOW LONG? ____ YEARS ____ MONTHS | | STREET ADDRESS | | APT# | HOW LONG? ____ YEARS ____ MONTHS | |
| CITY | | STATE | ZIP | | CITY | | STATE | ZIP | |
| MAILING ADDRESS (IF DIFFERENT FROM STREET ADDRESS) | | | APT# | MONTHLY RENT OR MORTGAGE PAYMENT | MAILING ADDRESS (IF DIFFERENT FROM STREET ADDRESS) | | | APT# | MONTHLY RENT OR MORTGAGE PAYMENT |
| CITY | | STATE | ZIP | | CITY | | STATE | ZIP | |
| 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 YEARS IN CURRENT ADDRESS) | | | APT# | LANDLORD PHONE | PREVIOUS ADDRESS (IF LESS THAN 2 YEARS IN CURRENT ADDRESS) | | | APT# |
| CITY | | STATE | ZIP | HOW LONG? ____ YEARS ____ MONTHS | CITY | | STATE | ZIP | HOW LONG? ____ YEARS ____ MONTHS |
| CURRENT EMPLOYER | | | GROSS MONTHLY SALARY | | CURRENT EMPLOYER | | | GROSS MONTHLY SALARY | |
| CURRENT EMPLOYER'S ADDRESS | | CITY | STATE | ZIP | CURRENT EMPLOYER'S ADDRESS | | CITY | STATE | ZIP |
| WORK PHONE | HOW LONG? ____ YEARS ____ MONTHS | | OCCUPATION/JOB TITLE | | WORK PHONE | HOW LONG? ____ YEARS ____ MONTHS | | 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 | |
| SECONDARY EMPLOYER NAME (IF APPLICABLE) | | SECONDARY EMPLOYER'S ADDRESS | | | SECONDARY EMPLOYER NAME (IF APPLICABLE) | | SECONDARY EMPLOYER'S ADDRESS | | |
| CITY | | STATE | ZIP | GROSS MONTHLY SALARY | CITY | | STATE | ZIP | GROSS MONTHLY SALARY |
| SECONDARY EMPLOYER PHONE | HOW LONG? ____ YEARS ____ MONTHS | | OCCUPATION/JOB TITLE | | SECONDARY EMPLOYER PHONE | HOW LONG? ____ YEARS ____ MONTHS | | OCCUPATION/JOB TITLE | |

| OTHER INCOME* | OTHER GROSS MONTHLY INCOME | OTHER INCOME SOURCE | OTHER GROSS MONTHLY INCOME | OTHER INCOME SOURCE |
|---------------|--|---------------------|--|---------------------|
| | REFERENCE | PHONE | REFERENCE | PHONE |
| | ADDRESS | RELATIONSHIP | ADDRESS | RELATIONSHIP |
| | BANK REFERENCE <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS | | BANK REFERENCE <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS | |

*Alimony, child support, or separate maintenance income 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.

You certify that the information given above is true and complete. We will rely, in part, on this information to evaluate your eligibility for credit. You authorize us to submit this application and any other documentation relating to this transaction to any lenders we utilize in order to obtain credit on your behalf.

You authorize these financial companies and their affiliates to obtain any information they want in order to verify information related to this credit application, including requesting one or more consumer reports, verifying income and contacting a spouse to verify spouse related information.

Applicant's Signature Date DL# Co-Applicant's Signature (if applicable) Date DL#

You have the right to select the agent and insurer to be used for any type of insurance required in connection with this loan, including the right to choose an insurance agent or broker, whether or not that agent or broker is affiliated with us.

We shall not interfere, either directly or indirectly, with this right of choice of an agent and of an insurer. Your choice of a particular insurance agent or broker will not affect our credit decision or credit terms in any way, as long as the insurance provides adequate coverage with an insurer who meets our reasonable requirements such as the solvency and assessment policies of the insurer and its ability to service the policy.

Applicant's Signature Co-Applicant's Signature (if applicable)

FOR DEALER USE ONLY

| | | | | | | |
|--------------------|-----------|-----------|-----------------|-----------------|-----------|------------|
| NEW/USED/DEMO | YEAR | MAKE | MODEL | BODY STYLE | MILEAGE | BOOK VALUE |
| TRADE IN YEAR | MAKE | MODEL | BODY STYLE | LIENHOLDER | ALLOWANCE | PAYOFF |
| CASH SELLING PRICE | NET TRADE | CASH DOWN | PRODUCTS & FEES | AMOUNT FINANCED | TERM | RATE |