

# 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.)  
 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

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.

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

Print Full Name <small>First, Middle, Last</small>		<input type="checkbox"/> Sr.    Social Security Number	Date of Birth	Home Phone No. ( )	
Present Address Number & Street		City	County	State	Zip Code
<input type="checkbox"/> Rent by Mo.    Landlord or Mortgage Holder Name <input type="checkbox"/> Lease <input type="checkbox"/> Own		Monthly Payment or Rent \$	<input type="checkbox"/> Unmarried <input type="checkbox"/> Separated	No. of Dependents	
Previous Home Address if Less than 5 Years		Number and Street	City	County	State
Employed By <input type="checkbox"/> Self <input type="checkbox"/> Other		Name	Business Address, Number & Street	City	State
Trade or Occupation		Gross Salary or Wages \$	Name of Previous Employer		Address
Type of Other Income		Source	Gross Amount \$	<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> 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 <input type="checkbox"/> Checking <input type="checkbox"/> Savings		<input type="checkbox"/> No Account    Name of Bank	Branch Name and City		Checking Account No.
Your Operator's License No.		State	Vehicle will be titled in the name of: <input type="checkbox"/> Applicant <input type="checkbox"/> Other *		
Date Last Car Financed		Name of Creditor	Monthly Payment \$	Balance Due or Date Paid	Trading in This Car? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>CREDIT REFERENCES OR INSTALLMENT OBLIGATIONS</b> <small>Include Finance Companies, Banks, Credit Cards, Charge Accounts, Name(s) of Applicant by which Credit Can Be Verified, if Other Than Shown Above.</small>					
Name of Creditor		Address	Account Number	Balance \$	
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Name of Creditor		Address	Account Number	Balance \$	
Has any of your Property Ever Been Repossessed? <input type="checkbox"/> No <input type="checkbox"/> Yes (if Yes, When and By Whom?)		Monthly Alimony, Child Support, Day Care, Payments I Must Make			\$
Are There Unsatisfied Judgements (Suits Pending) Against You? <input type="checkbox"/> No <input type="checkbox"/> Yes		Have You Been Personally Involved In a Bankruptcy Proceeding (in the last 10 years?) <input type="checkbox"/> No <input type="checkbox"/> Yes		Are You an Endorsor or Guarantor on any Other Loan or Contract? <input type="checkbox"/> No <input type="checkbox"/> Yes	
				Military Status <input type="checkbox"/> Active <input type="checkbox"/> Reserve <input type="checkbox"/> Inactive	

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

Print Full Name <small>First, Middle, Last</small>		<input type="checkbox"/> Sr.    Social Security Number	Date of Birth	Home Phone No. ( )	
Present Address Number & Street		City	County	State	Zip Code
<input type="checkbox"/> Rent by Mo.    Landlord or Mortgage Holder Name <input type="checkbox"/> Lease <input type="checkbox"/> Own		Monthly Payment or Rent \$	Lived There Years Mo.		
Previous Home Address if Less than 5 Years		Number and Street	City	County	State
Employed By <input type="checkbox"/> Self <input type="checkbox"/> Other		Name	Business Address, Number & Street	City	State
Trade or Occupation		Gross Salary or Wages \$	Name of Previous Employer		Address
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 \$	<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year	
Bank Account <input type="checkbox"/> Checking <input type="checkbox"/> Savings		<input type="checkbox"/> No Account    Name of Bank	Branch Name and City		Checking Account No.
<b>CREDIT REFERENCES OR INSTALLMENT OBLIGATIONS</b> <small>Include Finance Companies, Banks, Credit Cards, Charge Accounts, Name(s) of Applicant by which Credit Can Be Verified, if Other Than Shown Above.</small>					
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 interest 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 Authorized 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 REPORT 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 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 that 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.

The dealer and its assigns may share and use information about you, including information in this application, with entities that are related by common ownership or affiliated by common control. If you do not want this information shared with these entities, please mark the box provided below.

By checking this box, I do not want this information shared (other than information on transactions or experiences with me).

We intend to apply for joint credit. \_\_\_\_\_ Applicant \_\_\_\_\_ Co-Applicant

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

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

**FINANCIAL ENTITY SUBMITTED TO:**