

Lender: Five Star Bank

CHECK BOX FOR JOINT ACCOUNT: If you are applying for a joint account or an account that you and another person will use, complete all sections, providing information in Section 3, below, about the Joint Applicant or user.
We intend to apply for Joint Credit.

Applicant _____ Co-Applicant _____

Amount Requested \$ _____ for _____ months

Selling Price (including Sales Tax) _____

Less: Down Payment

Cash Dealer Discount _____

Trade-In _____

= Total Financed _____

Trade-In Vehicle: _____

Year and Make _____ Series _____

\$ _____ - \$ _____ = \$ _____
Gross Still Owing Net Trade-in

DEALER: _____ Date: _____ Time: AM PM

Submitted by: _____ Phone: _____

NEW USED _____ YEAR MAKE MODEL

MILEAGE _____

ADDITIONAL EQUIPMENT:

AIR P/B AUTOMATIC DEFOGGER CRUISE P/S AM/FM

OTHER _____

WHO IS THE VEHICLE REGISTERED TO: _____

INSTRUCTIONS: Complete Sections 1 and 2. **DO NOT** complete Section 3 unless directions below in **A** and/or **B** apply.

SECTION 1 - APPLICANT

FIRST, MIDDLE INITIAL, LAST NAME OF APPLICANT _____ DATE OF BIRTH MO. DAY YEAR _____ NO. OF DEPENDENTS _____ SOCIAL SECURITY NUMBER _____

HOME ADDRESS - NO. AND STREET _____ CITY _____ STATE _____ ZIP _____ YEARS THERE _____ HOME TELEPHONE NO. _____

PREVIOUS HOME ADDRESS _____ YEARS THERE _____ FIRM NAME OR EMPLOYER _____ TELEPHONE NO. _____ POSITION _____

BUSINESS ADDRESS NO. AND STREET _____ CITY _____ STATE _____ ZIP CODE _____ YEARS THERE _____ SALARY \$ _____

NAME AND ADDRESS OF PREVIOUS EMPLOYER _____ YEARS THERE _____ POSITION _____

OTHER INCOME \$ _____ (GIVE SOURCE) _____ 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.

CHECKING ACCOUNT: NAME AND ADDRESS OF BANK _____ ACCOUNT NO. _____ SAVINGS ACCOUNT: NAME AND ADDRESS OF BANK _____ ACCOUNT NO. _____

NAME AND ADDRESS OF A CLOSE RELATIVE NOT LIVING WITH YOU _____ RELATIONSHIP _____

A - If you are applying for a joint account with another person, provide information in Section 3 about the joint applicant and provide information in Section 2 for both applicants.
B - If you are applying for an individual account, but are relying on income from alimony, child support or separate maintenance or on the income or assets of another person as the basis for repayment of the credit requested, provide information in Section 3 about the person on whose alimony, support, or income or assets you are relying.

NOTE: COMPLETE INFORMATION IS REQUIRED TO PROCESS THIS APPLICATION. IF NECESSARY ATTACH ADDITIONAL SHEETS.

LIST ALL DEBTS Check Column "I" if existing credit is in Applicant's name alone. Check Column "II" if existing credit is joint credit.

SECTION 2 FINANCIAL STATEMENT	I	II	TYPE OF OBLIGATION	NAME OF CREDITOR	CITY AND STATE	ACCOUNT NUMBER	BALANCE	MO. RENT OTHER PMT.
				<input type="checkbox"/> MORTGAGE <input type="checkbox"/> RENT				
			AUTO LOAN					
			CREDIT CARDS					
			OTHER CREDIT					

DO NOT COMPLETE THIS SECTION UNLESS YOU HAVE DETERMINED THAT DIRECTIONS "A" AND/OR "B" APPLY.

SECTION 3 - JOINT APPLICANT

FIRST, MIDDLE INITIAL, LAST NAME OF JOINT APPLICANT, USER OR OTHER PARTY _____ DATE OF BIRTH MO. DAY YEAR _____ NO. OF DEPENDENTS _____ SOCIAL SECURITY NUMBER _____

HOME ADDRESS - NO. AND STREET _____ CITY _____ STATE _____ ZIP _____ YEARS THERE _____ HOME TELEPHONE NO. _____

PREVIOUS HOME ADDRESS _____ YEARS THERE _____ FIRM NAME OR EMPLOYER _____ TELEPHONE NO. _____ POSITION _____

BUSINESS ADDRESS NO. AND STREET _____ CITY _____ STATE _____ ZIP CODE _____ YEARS THERE _____ SALARY \$ _____

NAME AND ADDRESS OF PREVIOUS EMPLOYER _____ YEARS THERE _____ POSITION _____

OTHER INCOME \$ _____ (GIVE SOURCE) _____ 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.

CHECKING ACCOUNT: NAME AND ADDRESS OF BANK _____ ACCOUNT NO. _____ SAVINGS ACCOUNT: NAME AND ADDRESS OF BANK _____ ACCOUNT NO. _____

SECTION 4 - INSURANCE **NOTICE: Physical Damage Insurance is REQUIRED for the full term of the Installment Contract. Please complete insurance information below.**

INSURANCE AGENT NAME _____ INSURANCE COMPANY NAME _____ EFFECTIVE DATE FROM: _____ TO: _____

INSURANCE AGENT PHONE _____ POLICY NUMBER _____ COVERAGE: FIRE-THEFT COLLISION \$ _____ DEDUCTIBLE COMPREHENSIVE

Every statement I have made in this application is true and correct and has been made by me with the understanding that you will rely on it. I agree that if anything arises which changes any of the statements I have made, I will promptly tell you. You may request a credit report on me and if I ask, you will tell me the name and address of the consumer reporting agency that furnished it. If you update, renew or extend my loan, you may request a new credit report without telling me.

NOTE: By signing this application, I will authorize both the Dealer and any Lender to whom this application is forwarded, to obtain a credit report.

NOTICE TO GUARANTOR: If you are providing information to the Lender on this Application for the purpose of acting as a guarantor for one or more primary applicant(s) and the Lender determines that you, as a guarantor, do not meet the credit underwriting standards for this particular loan and/or amount, be advised that the Lender is required by law to, and will, provide an adverse action notice detailing the specific reasons for the credit denial *directly* to the primary applicant(s) and not to you.

As a guarantor, be prepared to share any specific reasons for adverse action based on your credit history with the primary applicant(s). If you are unwilling to share this information, you should not complete this application in the capacity of guarantor.

By completing and submitting this application as guarantor, you are authorizing the Lender to share the specific reasons for adverse action with the primary applicant(s) in the event this application is denied.

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT:
To help the government fight the funding of terrorism and money laundering activities, Federal Law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account.

What this means for you: When you open an account, we will ask for your name, address, date of birth and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

IMPORTANT: THIS APPLICATION MUST BE SIGNED AND DATED BELOW, BEFORE IT CAN BE PROCESSED.

1. _____ DATE _____ 2. _____ DATE _____
SIGNATURE OF APPLICANT SIGNATURE OF JOINT APPLICANT, IF APPLICABLE

COMPLETED BY INTERVIEWER:

Identification: _____