

CUSTOMER'S STATEMENT - PLEASE PRINT

Check the Appropriate Box

- Individual Credit - Applying for credit in your own name and relying on your own income or assets and not the income or assets of another person as the basis for repayment of the credit requested (Complete Section A).
- Joint Credit - Applying for credit with another person (Complete Sections A and B) Relationship, if any, to joint applicant _____
- Individual Credit - Applying for credit in your own name but 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 (Complete Section A and B).

SECTION A. - APPLICANT INFORMATION

PRINT FULL NAME	FIRST	MIDDLE	LAST	<input type="checkbox"/> SR	<input type="checkbox"/> JR	SOC. SEC. NO.	DATE OF BIRTH	HOME PHONE NO.
PRESENT ADDRESS	NUMBER & STREET		CITY	COUNTY		STATE	ZIP	LIVED THERE YEARS
RENT BY MO. <input type="checkbox"/> LEASE <input type="checkbox"/> OWN <input type="checkbox"/>	LANDLORD OR MORTGAGE HOLDER NAME						MONTHLY PAYMENT OR RENT \$	
PREVIOUS HOME ADDRESS	NUMBER & STREET		CITY	COUNTY		STATE	ZIP	LIVED THERE YEARS
EMPLOYED BY SELF <input type="checkbox"/> OTHERS <input type="checkbox"/>	BUSINESS NAME		CITY	STATE		ZIP	WORKED THERE YEARS	BUS. PHONE NO.
TRADE OR OCCUPATION	SALARY OR WAGES (\$ / MONTH)		NAME OF PREVIOUS EMPLOYER		ADDRESS		NO. OF YEARS	
Alimony, child support, or separate 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		MONTHLY AMOUNTS \$		SOURCE				
NAME & ADDRESS OF PARENTS OR NEAREST RELATIVE NOT LIVING WITH YOU.		NAME		ADDRESS		PHONE		RELATIONSHIP
NAME & ADDRESS OF A PERSONAL FRIEND		NAME		ADDRESS		PHONE		RELATIONSHIP
BANK ACCOUNT	NAME OF BANK		BRANCH NAME & CITY		CHECKING ACCOUNT NUMBER		SAVINGS ACCOUNT NUMBER	
LAST VEHICLE FINANCED OR LEASED:	NAME OF CREDITOR		ACCOUNT #		BALANCE DUE OR DATE PAID		TRADING IN THIS VEHICLE ?	
CREDIT REFERENCES OR INSTALLMENT OBLIGATIONS: Please include Finance Companies, Banks, Credit Cards, Charge Accounts . . .								
NAME OF CREDITOR			ADDRESS			ACCOUNT NO.		BALANCE
NAME OF CREDITOR			ADDRESS			ACCOUNT NO.		BALANCE
VEHICLE WILL BE REGISTERED IN THE NAME OF:					DRIVER'S LICENSE NO.		DRIVER'S LICENSE NO.	

SECTION B. - JOINT APPLICANT INFORMATION

PRINT FULL NAME	FIRST	MIDDLE	LAST	<input type="checkbox"/> SR	<input type="checkbox"/> JR	SOC. SEC. NO.	DATE OF BIRTH	HOME PHONE NO.
PRESENT ADDRESS	NUMBER & STREET		CITY	COUNTY		STATE	ZIP	LIVED THERE YEARS
RENT BY MO. <input type="checkbox"/> LEASE <input type="checkbox"/> OWN <input type="checkbox"/>	LANDLORD OR MORTGAGE HOLDER NAME						MONTHLY PAYMENT OR RENT \$	
PREVIOUS HOME ADDRESS	NUMBER & STREET		CITY	COUNTY		STATE	ZIP	LIVED THERE YEARS
EMPLOYED BY SELF <input type="checkbox"/> OTHERS <input type="checkbox"/>	BUSINESS NAME		CITY	STATE		ZIP	WORKED THERE YEARS	BUS. PHONE NO.
TRADE OR OCCUPATION	SALARY OR WAGES (\$ / MONTH)		NAME OF PREVIOUS EMPLOYER		ADDRESS		NO. OF YEARS	
Alimony, child support, or separate 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		MONTHLY AMOUNTS \$		SOURCE				
BANK ACCOUNT		NAME OF BANK		BRANCH NAME & CITY		CHECKING ACCOUNT NUMBER		SAVINGS ACCOUNT NUMBER
LAST VEHICLE FINANCED OR LEASED:	NAME OF CREDITOR		ACCOUNT #		BALANCE DUE OR DATE PAID		TRADING IN THIS VEHICLE ?	

PROPOSED LEASE DATA

YEAR	MAKE	MODEL	TERM	PAYMENT	CAP COST	MSRP	MILES	DEPOSIT	CAP COST RED.
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FAIR CREDIT REPORTING ACT DISCLOSURE: This application for credit sale will be submitted to *JFR & Associates, Inc.* for purchase or consideration as to whether it meets purchase requirements.

I CERTIFY THAT the above information is complete and accurate. I authorize an investigation of my credit and employment history and the release of information about my credit experience with *JFR & Associates, Inc.*

CONTACT:
CONSULTANT:

APPLICANT SIGNS _____ DATE _____

JOINT APPLICANT or OTHER PARTY SIGNS _____ DATE _____