

# CREDIT APPLICATION (Please print)

Reorder from C.I.A.D.A. - 303-239-8000 or 1-800-569-1899

CHECK ONE APPLICABLE BOX (PRIMARY APPLICANT AND JOINT APPLICANTS MUST COMPLETE SEPARATE FORMS):												
Primary Applicant: <input type="checkbox"/>		Joint Applicant: <input type="checkbox"/> Application is for joint credit with primary applicant or as a guarantor. <input type="checkbox"/> Primary applicant is relying on you for income for alimony, child support, or separate maintenance or on your income or assets as the basis for repayment of the credit requested.				If Joint Applicant, Relationship to Applicant: <input type="checkbox"/> S - Married <input type="checkbox"/> P - Parent <input type="checkbox"/> O - Other						
Last Name		First Name		Middle Initial		J <input type="checkbox"/> Jr. S <input type="checkbox"/> Sr.	No. of Dep.	Date of Birth	Age			
Present Address (Number and Street)												
					City		State		Zip Code			
Phone in Applicant's Home?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	Phone Number Area Code ( )	1 <input type="checkbox"/> Own Home Outright 2 <input type="checkbox"/> Buying Home	3 <input type="checkbox"/> Living with Relatives 4 <input type="checkbox"/> Leasing/Renting	5 <input type="checkbox"/> Own/Buying Mobile Home	Lived There		Driver's License No. and State				
Name and Address of Landlord or Mortgage Holder												
Previous Address (Street, City, State and Zip Code) (If less than 2 years at present address)												
Level Of Education (Age Under 27 Only)												
1 <input type="checkbox"/> 4-Year College Grad.    2 <input type="checkbox"/> 2-Year College Grad.    3 <input type="checkbox"/> Special Training    4 <input type="checkbox"/> Some College    High School Grad.?    5 <input type="checkbox"/> Yes    6 <input type="checkbox"/> No												
Current Employer Name												
City/State												
Applicant's Occupation (If military, state rank)			Time on Job		Work Phone Number		Gross Salary					
			Yrs.    Mos.		Area Code ( )		<input type="checkbox"/> W - Weekly <input type="checkbox"/> Y - Yearly <input type="checkbox"/> M - Monthly					
Soc. Sec. No.		*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.			*Source of Other Income		*Other Income					
							<input type="checkbox"/> W - Weekly <input type="checkbox"/> Y - Yearly <input type="checkbox"/> M - Monthly					
Previous Employer's Name (If less than 5 years at current employer)												
City/State												
Time on Previous Job												
Yrs.												
Name of Bank							1 <input type="checkbox"/> Checking & Savings    3 <input type="checkbox"/> Savings Only 2 <input type="checkbox"/> Checking Only    4 <input type="checkbox"/> No Account					
Have You Ever Had a Car or Other Merchandise Repossessed?				<input type="checkbox"/> No    Month    Year <input type="checkbox"/> Yes    If Yes, When?    /    /		Have You Ever Filed Bankruptcy?						
						<input type="checkbox"/> No    Month    Year <input type="checkbox"/> Yes    If Yes, When?    /    /						
Is Applicant Obligated to Make Alimony, Child Support or Separate Maintenance Payments? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, Amount to Be Paid per Month is \$ _____												
Creditor's Name and City/State			Date Opened	Monthly Pmt. Amount	Unpaid Balance	Creditor's Name and City/State			Date Opened	Monthly Pmt. Amount	Unpaid Balance	
(Current/Previous Cars Financed by or Leased Through)						(Other Credit)						
(1)						(3)						
(2)						(4)						
Name and Address of Applicant's Nearest Relatives/Friends Not in Household								Phone No.		Relationship		
(1)								Area Code ( )				
(2)								Phone No.		Relationship		
								Area Code ( )				
(3)								Phone No.		Relationship		
								Area Code ( )				
• For the purpose of securing credit from you, I certify that the above information is true and complete to the best of my knowledge. I further certify that I have attained The Age of Majority. I authorize you to check my credit and employment history and to provide and/or obtain information about credit experiences with me.												
• Signature _____ Date _____												
FOR USE ONLY	(1) Cash Price/Cap Cost (Incl. tax, title, reg. fees) ..... \$ _____ (1)				<input type="checkbox"/> New	Year	Make	Model	Body Style (If used vehicle)	Used Car Miles		
	(2) Down Payment/Cap Cost Reduction				<input type="checkbox"/> Used							
	Cash \$ _____ + Rebate \$ _____ = \$ _____ (A)				Vehicle Identification Number							Stock #
	Trade: Allow \$ _____ - Owed \$ _____ = \$ _____ (B)				Optional Equipment (If used vehicle)							
	Total of Line (2) (A+B) \$ _____ (2)				<input type="checkbox"/> Air <input type="checkbox"/> P/S <input type="checkbox"/> P/B <input type="checkbox"/> Auto Tr.    Other _____							
	(3) Unpaid Balance/Acquisition Cost (1-2) \$ _____ (3)				Trade	Make	Model	Body Style	Dealer Name			
If RCL: MSRP \$ _____ /LEV \$ _____				Yr. _____								
(4) Payable in _____ Mo. Instalments of ..... \$ _____ (4)												