Personal service... It's that simple.
SHEFFIELD Financial
A division of Truist

P.O. Box 25127, Winston-Salem, NC 27114
TELEPHONE: 800-438-8892 FACSIMILE: 800-438-8894
SheffieldFinancial.com

SECTION 1 PLEASE PRINT CLEARLY

JOINT APPLICATION WITH _____ **AND** _____
Applicant Full Name — Joint Applicant Full Name

DATE	SALES PERSON	DEALER NAME	TELEPHONE NUMBER
			( )

PROMOTION	APPROVAL #	REQUESTED AMOUNT	# PAYMENTS	FAX NUMBER
				( )

IMPORTANT: INITIALS MUST BE COMPLETED IF JOINT APPLICATION
EACH OF YOU INTEND TO APPLY FOR JOINT CREDIT _____ (initials) Applicant _____ (initials) Joint Applicant

APPLICANT INFORMATION

❑ CONSUMER/PERSONAL/HOUSEHOLD USE ❑ BUSINESS/COMMERCIAL USE

LAST NAME _____ FIRST NAME _____ MIDDLE NAME _____ JR/SR _____

PRESENT STREET ADDRESS (NOT P.O. BOX) _____ APT. # _____ CITY _____ STATE _____ ZIP CODE _____ HOW LONG? YEARS _____

LANDLINE PHONE _____ CELL PHONE _____ SOCIAL SECURITY # _____ BIRTH DATE _____
❑ OWN/BUYING ❑ RENT FREE ❑ RENT ❑ OTHER
❑ MONTHLY HOUSING/RENT PAYMENT $_____

MAILING ADDRESS IF DIFFERENT FROM ABOVE _____ APT. # _____ CITY _____ STATE _____ ZIP CODE _____

EMAIL ADDRESS _____ *By providing, I agree that Sheffield may use this email address to correspond with me regarding my personal account information.*

EMPLOYMENT INFORMATION • SELF EMPLOYMENT

CURRENT EMPLOYER (IF SELF EMPLOYED, BUSINESS NAME) _____ TYPE OF BUSINESS _____ BUSINESS TELEPHONE NUMBER _____ ❑ CHECK IF CELL

EMPLOYER ADDRESS _____ HOW LONG? YRS. - MOS. _____ GROSS MONTHLY INCOME FROM ALL SOURCES* _____
*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.

CITY _____ STATE _____ ZIP CODE _____ POSITION/TITLE _____

❑ **CHECK IF LOAN TO BE IN BUSINESS NAME ABOVE. GUARANTY AGREEMENT REQUIRED.**

NAME OF NEAREST RELATIVE NOT LIVING WITH YOU _____ TELEPHONE NUMBER _____ ❑ CHECK IF CELL

CITY _____ STATE _____ ZIP CODE _____

BANK INFORMATION

BANK NAME _____

EQUIPMENT INFORMATION

	MANUFACTURER:	YEAR:	MAKE:	MODEL:	VIN/SERIAL#:	PRICE:
1						$
2						$
3	ACCESSORIES AND OTHER CHARGES/FEES (LIST)					$

NOTICE TO DEALER:
THIS INFORMATION WILL BE USED TO PREPARE YOUR CUSTOMER'S CONTRACT. INCORRECT INFORMATION WILL DELAY FUNDING.

*If equipment being traded in is financed through Sheffield, call us for pay-off and instructions.

TOTAL (LINES 1-3) $ _____
LESS CASH DOWN PAYMENT – $ _____
LESS TRADE IN* – $ _____
REQUESTED AMOUNT $ _____

IMPORTANT INFORMATION ABOUT ACCOUNT OPENING PROCEDURES: Federal law requires all financial institutions, prior to account opening, to obtain, verify, and record information that identifies each person who asks to open an account.

WHAT THIS MEANS TO YOU: When you apply for credit, we will ask 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. Failure to provide the required information may result in denial of your request to open an account.

DEALER USE ONLY – THIS SECTION MUST BE COMPLETED BY DEALER FOR SUBMISSION

NAMES AS LISTED ON DRIVERS LICENSE _____ APPLICANT'S DRIVER'S LICENSE NUMBER _____ STATE _____ EXP. DATE _____ JOINT APPLICANT DRIVER'S LICENSE NUMBER _____ STATE _____ EXP. DATE _____

DEALER/EMPLOYEE NAME COMPLETING DRIVER'S LICENSE INFORMATION _____ ❑ SIGNATURES MATCH ❑ PHOTOS MATCH

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SECTION 1

JOINT APPLICANT INFORMATION

LAST NAME | FIRST NAME | MIDDLE NAME | JR/SR

PRESENT STREET ADDRESS (NOT P.O. BOX) | APT. # | CITY | STATE | ZIP CODE | YEARS

LANDLINE PHONE | CELL PHONE | SOCIAL SECURITY # | BIRTH DATE

MAILING ADDRESS IF DIFFERENT FROM ABOVE | APT. # | CITY | STATE | ZIP CODE

EMPLOYMENT INFORMATION • SELF EMPLOYMENT

CURRENT EMPLOYER (IF SELF EMPLOYED, BUSINESS NAME) | TYPE OF BUSINESS | BUSINESS TELEPHONE NUMBER | ❑ CHECK IF CELL

EMPLOYER ADDRESS | HOW LONG? YRS. - MOS. | GROSS MONTHLY INCOME FROM ALL SOURCES*

*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.

CITY | STATE | ZIP CODE | POSITION/TITLE

SECTION 2

This is an application for credit to Sheffield Financial, a division of Truist Bank ("Applica-tion"). The words "we," "us," and "our" and "Sheffield" means and includes Sheffield Financial, its designated service providers, agents, assigns, and successors, as applicable. The words "you" and "your" mean each applicant (as individuals) and both applicants (collectively) shown in Section 1 and signing the Application, either as the primary applicant or a joint applicant.

You agree that you read this Application and everything stated in it is true and complete. You certify that you are at least 18 years of age.

You authorize us to verify and obtain your credit and employment history or other information about you in this Application. You authorize us to obtain credit reports or similar consumer reports about you from one or more consumer reporting agencies in connection with your Application. If we approve this Application, you authorize us to obtain such credit and consumer reports about you in the future from consumer reporting agencies in connection with reviews, updates, extensions, renewals, modification, servicing, and collection of your Sheffield account, and other legitimate purposes allowed by law. If you request, we will inform you whether we obtained a consumer report about you and, if so, provide the name and address of the consumer reporting agency that furnished any such report.

You understand and agree that we may provide information about your transactions with us to third parties (including consumer reporting agencies) for lawful purposes. WE MAY REPORT INFORMATION ABOUT YOUR ACCOUNT TO CREDIT BUREAUS. LATE PAYMENTS, MISSED PAYMENTS, OR OTHER DEFAULTS ON YOUR ACCOUNT MAY BE REFLECTED IN YOUR CREDIT REPORT.

You agree that we may call you, leave you a voice, prerecorded, or artificial voice message, or send you a text, e-mail, or other electronic message for any purpose related to your accounts with Sheffield, its products and services, or surveys or research (each, a "Communication"). You agree that we may call or text you at any telephone number associated with your accounts, including cellular telephone numbers, and may send an e-mail to any email address associated with your accounts. You also agree that we may include your personal information in a Communication and may conduct a Communication using an automatic telephone dialing system. We will not charge you for a Communication, but you understand that your service provider may. You understand and agree that we may always communicate with you in any manner permitted by law that does not require your prior consent.

You certify that: (i) the property purchased pursuant to this Application is for your personal and/or business use; (ii) you are fully responsible for making all payments for such property; (iii) such property will be in your possession or under your control, until the amount financed and all interest charges have been paid in full; and (iv) you are not purchasing any property financed through us for the benefit or use of a person or entity other than you, without our prior written approval. You understand and agree that you are granting us a purchase money security interest in the property you purchase with the Sheffield account.

CALIFORNIA RESIDENTS: A married applicant may apply for a separate account. After credit approval, each applicant shall have the right to use this account to the extent of any credit limit set by the creditor and each applicant may be liable for all amounts of credit extended under this account to each joint applicant.

NEW YORK RESIDENTS APPLYING FOR SHEFFIELD CARD: New York residents may contact the New York State Department of Financial Services at 877-226-5697 to obtain a comparative listing of credit card rates, fees, and grace periods.

OHIO RESIDENTS: The Ohio laws against discrimination require that all creditors make credit equally available to all credit worthy customers, and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio Civil Rights Commission administers compliance with this law.

Wisconsin Residents: Notice to Married Applicants. No provision of any marital property agreement, unilateral statement under Wisconsin Statutes § 766.59 or a court decree under Wisconsin Statutes § 766.70 adversely affects the interest of the creditor unless the creditor, prior to the time the credit is granted, is furnished a copy of the agreement, statement or decree or has actual knowledge of the adverse provision when the obligation to the creditor is incurred. The notice requirement under this paragraph does not apply to renewals, extensions or modifications or the use of an open-end credit plan. **For Married Wisconsin Residents:** The credit being applied for, if granted, will be incurred in the interest of my marriage or family. I understand the creditor may be required by law to give notice of this transaction to my spouse.

MILITARY LENDING ACT (MLA) DISCLOSURE: Federal law provides important protections to members of the Armed Forces and their dependents relating to extensions of consumer credit. In general, the cost of consumer credit to a member of the Armed Forces and his or her dependent may not exceed an annual percentage rate of 36 percent. This rate must include, as applicable to the credit transaction or account: The costs associated with credit insurance premiums; fees for ancillary products sold in connection with the credit transaction; any application fee charged (other than certain application fees for specified credit transactions or accounts); and any participation fee charged (other than certain participation fees for a credit card account).

Federal law requires that you receive a clear description of your required payments. Please review the disclosures and your credit agreement carefully to understand your payment obligations.

This disclosure may also be obtained by calling toll-free 1-866-482-7103.

SIGNATURE (Primary Applicant) _____ **DATE** _____

SIGNATURE (Joint Applicant) _____ **DATE** _____