

OLYMPUS AUTO GROUP CREDIT APPLICATION

IMPORTANT: READ THESE DIRECTIONS BEFORE COMPLETING THIS APPLICATION

- Check Appropriate Box**
- If you are applying for individual credit in your own name and are 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 Sections A and C.
 - If you are married and live in a community property state, complete all Sections including Section B providing information about your spouse.
 - If this is an application for joint credit with another person, complete all Sections providing information in Section B about the co-applicant.

NOTE: APPLICANT, IF MARRIED, MAY APPLY FOR A SEPARATE ACCOUNT

SELLER	STOCK NO	VIN	DATE	AMOUNT REQUESTED
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SECTION A: Information Regarding Applicant

LAST NAME (PRINT)	FIRST	INITIAL	BIRTH DATE	DRIVERS LIC NO	SOCIAL SECURITY NO / FED TAX ID NO	AGE OF DEPENDENTS	<input type="checkbox"/> MARRIED <input type="checkbox"/> UNMARRIED <input type="checkbox"/> SEPARATED
ADDRESS			CITY	STATE	ZIP	PHONE	HOW LONG? YRS MOS
PREVIOUS ADDRESS (TO COVER 5 YEAR HISTORY)						HOW LONG? YRS MOS	LIVED IN THE COMMUNITY? YRS MOS
OCCUPATION/TITLE						PRESENT EMPLOYER	PHONE
EMPLOYER'S ADDRESS							DEPT OR BADGE NO
PREVIOUS EMPLOYMENT (TO COVER 5 YEAR HISTORY)						PHONE	HOW LONG? YRS MOS
NEAREST LIVING RELATIVE						ADDRESS	RELATIONSHIP
						PHONE	HOW LONG? YRS MOS

INCOME

Applicant's gross monthly income from employment \$ _____

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. Amount \$ _____

Alimony, child support, separate maintenance received under: court order written agreement oral understanding

Amount of other monthly income and source(s) \$ _____

TOTAL MONTHLY INCOME \$ _____

SECTION B: Information Regarding Spouse or Co-Applicant (Use separate sheets if necessary)

LAST NAME (PRINT)	FIRST	INITIAL	BIRTH DATE	DRIVERS LIC NO	SOCIAL SECURITY NO / FED TAX ID NO	AGE OF DEPENDENTS	<input type="checkbox"/> MARRIED <input type="checkbox"/> UNMARRIED <input type="checkbox"/> SEPARATED
ADDRESS			CITY	STATE	ZIP	PHONE	HOW LONG? YRS MOS
PREVIOUS ADDRESS (TO COVER 5 YEAR HISTORY)						HOW LONG? YRS MOS	LIVED IN THE COMMUNITY? YRS MOS
OCCUPATION/TITLE						PRESENT EMPLOYER	PHONE
EMPLOYER'S ADDRESS							DEPT OR BADGE NO
PREVIOUS EMPLOYMENT (TO COVER 5 YEAR HISTORY)						PHONE	HOW LONG? YRS MOS
NEAREST LIVING RELATIVE						ADDRESS	RELATIONSHIP
						PHONE	HOW LONG? YRS MOS

INCOME

Joint Applicant's gross monthly income from employment \$ _____

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. Amount \$ _____

Alimony, child support, separate maintenance received under: court order written agreement oral understanding

Amount of other monthly income and source(s) \$ _____

TOTAL MONTHLY INCOME \$ _____

SECTION C: Asset and Debt Information: List All Debt Including Alimony, Child Support, Separate Maintenance. (Use A Separate Page If Necessary)

If Section B has been completed, this Section should be completed giving information about both the Applicant and Joint Applicant or Other Person. Please mark Applicant related information with an A if Section B was not completed only give information about the Applicant in this Section.

LANDLORD OR MORTGAGE HOLDER (APPLICANT) OWN <input checked="" type="checkbox"/> RENT <input checked="" type="checkbox"/>	ADDRESS	ACCOUNT NO	MORTGAGE BALANCE \$	PAYMENT OR RENT \$
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LANDLORD OR MORTGAGE HOLDER (JOINT APPLICANT) OWN <input checked="" type="checkbox"/> RENT <input checked="" type="checkbox"/>	ADDRESS	ACCOUNT NO	MORTGAGE BALANCE \$	PAYMENT OR RENT \$
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DATE HOME PURCHASED	AGE OF HOME	PRICE PAID FOR HOME	MARKET VALUE	2ND MOTGAGE AMOUNT \$	PAYMENT \$
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TYPE OF CREDIT	COMPANY NAME OF ALL OBLIGATIONS	ACCOUNT NO	<input type="checkbox"/> OPEN <input type="checkbox"/> CLOSED	ADDRESS	BALANCE	HIGH	MONTHLY PYMTS OR DATE CLOSED
					\$	\$	
			<input type="checkbox"/> OPEN <input type="checkbox"/> CLOSED		\$	\$	\$
			<input type="checkbox"/> OPEN <input type="checkbox"/> CLOSED		\$	\$	\$
			<input type="checkbox"/> OPEN <input type="checkbox"/> CLOSED		\$	\$	\$
			<input type="checkbox"/> OPEN <input type="checkbox"/> CLOSED		\$	\$	\$

PRESENT VEHICLE FINANCED / LEASED BY:	ADDRESS	ACCOUNT NO	BALANCE \$
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PRESENT VEHICLE FINANCED / LEASED BY:	ADDRESS	ACCOUNT NO	BALANCE \$
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BANK REFERENCE	BRANCH	ACCOUNT NO	<input checked="" type="checkbox"/> CHECKING	BALANCE \$	<input checked="" type="checkbox"/> SAVINGS	BALANCE \$	<input checked="" type="checkbox"/> LOAN	BALANCE \$
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HAVE YOU EVER HAD ANY PROPERTY REPOSSESSED WITHIN THE PAST 7 YEARS?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DO YOU HAVE ANY LAW SUITS PENDING AGAINST YOU?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	HAVE YOU EVER FILED BANKRUPTCY OR IS A BANKRUPTCY PROCEEDING IN PROGRESS OR EXPECTED?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	MILITARY RESERVE?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> ACTIVE <input checked="" type="checkbox"/> INACTIVE
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HAVE YOU EVER APPLIED FOR CREDIT IN ANOTHER NAME?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHAT NAME:
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PERSONAL FRIENDS KNOWN OVER ONE YEAR	ADDRESS	CITY	STATE	ZIP	PHONE
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PERSONAL FRIENDS KNOWN OVER ONE YEAR	ADDRESS	CITY	STATE	ZIP	PHONE
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SECTION D: Insurance Information

INSURANCE COMPANY	POLICY NO	EXPIRATION DATE	PHONE
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AGENT	PERSON TO CONTACT
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I, the undersigned (1) make the above representations, which are certified correct, for the purpose of securing credit; (2) authorize financial institutions to obtain consumer credit reports on me periodically and to gather employment history as they consider necessary and appropriate; (3) authorize your affiliates to obtain consumer credit reports on me; (4) Unless the circle that follows is marked, I authorize the dealer and any assignee or other person to whom this application is submitted to share and use information about me, including information in my application, with other entities that are related to them by common ownership or affiliated by common control. If the circle is marked, I direct the dealer and any assignee or other person to whom this application is submitted not to give information to such entities (other than information on their own transactions and experiences.) (5) Understands that we or any financial institution to whom it is submitted will retain this application whether or not it is approved, and that it is the applicant's responsibility to notify the creditor of any change of name, address or employment.

The financial institution named below may be requested to purchase a sales finance contract written, or to be written, in connection with your purchase. You are notified pursuant to the Fair Credit Reporting Act, that your application may be submitted to them.

FINANCIAL INSTITUTION _____

ADDRESS _____

APPLICANTS HEREBY ACKNOWLEDGES RECEIPT OF A COPY OF THIS CREDIT STATEMENT.

X _____
Applicant's Signature

X _____
Co-Applicant's Signature

