

CREDIT APPLICATION

PERSONAL

- 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 this form.
- If you are married and live in a community property state, complete this form and attach a separate Credit Application for spouse.
- If this is an application for joint credit with another person, complete this form and attach a separate Credit Application for co-applicant.

I am a... <input type="checkbox"/> Applicant <input type="checkbox"/> Co-applicant	(Please check one of the below statements) <input type="checkbox"/> I am applying for individual credit. <input type="checkbox"/> I am applying for joint credit with another person.	Date MM/DD/YY	
Name	Social Security #	Date of Birth MM/DD/YY	Driver's License # / State Issued
Address	City	State	Zip
Home Phone	Alternate Phone Number	Email	
Own <input type="checkbox"/> Rent <input type="checkbox"/>	Monthly Payment \$	How long at Present Address?	
Landlord Name	Phone		
Previous Address (if less than 1 year)	City	State	Zip
Emergency Contact	Phone	Relationship	

EMPLOYER AND INCOME

Current Employer	Business Phone		
Business Address	City	State	Zip
How Long?	Department	Monthly Salary \$	Name of Supervisor
Previous Employer	Business Phone		
How Long?	Department	Monthly Salary \$	Name of Supervisor

Other Income From (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 obligation.)
Amount \$ _____ From _____

BANKING

Bank	Phone	Account#

AUTO HISTORY

Last Car Purchased from	Financed By	
Insurance Co.	Agent	Phone

You authorize this application, and any other application submitted in connection with this transaction, to be submitted to various financial institutions for purchase or consideration as to whether it meets their purchase criteria and requirements. You authorize us to investigate your credit, including obtaining customer credit reports about you and gathering and confirming credit and employment information we consider necessary and appropriate to evaluate your credit application. You further authorize the release of credit and employment information for purposes of the evaluation of this credit application. You understand that we will retain this credit application whether or not an extension of credit is approved. It is your responsibility to notify us of any change of name, address or employment.

Fair Credit Reporting Act Notice: The financial institutions below may be requested to purchase the retail installment contract written, or to be written, in connection with your purchase. We may submit your application to them.

AFS ACCEPTANCE LLC
P.O. Box 189007
PLANTATION, FL 33318

You acknowledge receipt of a copy of this credit application, including the disclosures above.

Applicant _____ Date _____
Co-Applicant _____ Date _____