



EACH OF YOU INTEND TO APPLY FOR JOINT CREDIT _____ (initials) _____ (initials)
 Applicant Joint Applicant

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

TYPE OF ACCOUNT REQUESTED: INSTALLMENT LOAN SHEFFIELD CARD

DATE	SALES PERSON	DEALER NAME	TELEPHONE NUMBER ()
PROMOTION	APPROVAL #	REQUESTED AMOUNT	# PAYMENTS ()
			FAX NUMBER ()

APPLICANT INFORMATION CONSUMER/PERSONAL/HOUSEHOLD USE BUSINESS/COMMERCIAL USE

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

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

HOME TELEPHONE _____ CELL PHONE _____ SOCIAL SECURITY # _____ BIRTH DATE _____ OWN/BUYING RENT FREE RENT OTHER

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

EMPLOYMENT INFORMATION • SELF EMPLOYMENT

CURRENT EMPLOYER (IF SELF EMPLOYED, BUSINESS NAME) _____ BUSINESS TELEPHONE NUMBER _____

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 _____

CITY _____ STATE _____ ZIP CODE _____

BANK INFORMATION

BANK NAME _____

EQUIPMENT INFORMATION	MANUFACTURER:	YEAR:	MAKE:	MODEL:	VIN/SERIAL#:	PRICE:
	1 _____	_____	_____	_____	_____	\$ _____
	2 _____	_____	_____	_____	_____	\$ _____
	3 ACCESSORIES AND OTHER CHARGES/FEE'S (LIST) _____	_____	_____	_____	_____	\$ _____
	NOTICE TO DEALER: THIS INFORMATION WILL BE USED TO PREPARE YOUR CUSTOMER'S CONTRACT. INCORRECT INFORMATION WILL DELAY FUNDING.				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

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

SECTION 1 PLEASE PRINT CLEARLY



SECTION 1

JOINT APPLICANT INFORMATION

An additional card will be issued to you. The primary card holder (and joint applicant, if any) will be jointly and severally liable for all purchases made and all amounts due on the account.

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

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

HOME TELEPHONE _____ 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) _____ BUSINESS TELEPHONE NUMBER _____

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 _____

SIGNATURE (Primary Applicant) _____

DATE _____

SIGNATURE (Joint Applicant) _____

DATE _____