

CREDIT APPLICATION

IMPORTANT: READ THESE DIRECTIONS BEFORE COMPLETING THIS APPLICATION.

- CHECK APPROPRIATE LINE
- A. 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 1 and 3.
- B. If you are married and live in a community property state complete all Sections including Section 2 providing info about your spouse.
- C. If this is an application for joint credit with another person complete all Sections providing information in Section 2 about the co-app.

Section 1: APPLICANT

Have you ever filed bankruptcy? If yes, when?

| | | | | | | |
|--|------|---|--|------------------------------|------------------------|------------------------|
| APPLICANT'S NAME (LAST, FIRST, MIDDLE INITIAL) | | | | DATE OF BIRTH | SOCIAL SECURITY NUMBER | |
| ADDRESS | | | | DRIVER'S LICENSE NO. | | |
| CITY, STATE, ZIP | | | | STATE | EXPIRATION DATE | |
| HOME PHONE () | | E-MAIL | | NAME OF NEAREST RELATIVE | | PHONE NUMBER () |
| MORTGAGE COMPANY/LANDLORD | | | RENT/MORT. \$ | ADDRESS, CITY, STATE, ZIP | | |
| TIME AT RES. | YRS? | MOS? | <input type="checkbox"/> OWNING/BUYING <input type="checkbox"/> RENT <input type="checkbox"/> OTHER | NAME OF ANOTHER RELATIVE | | PHONE NUMBER () |
| PREVIOUS ADDRESS, CITY, STATE, ZIP | | | | ADDRESS, CITY, STATE, ZIP | | |
| EMPLOYMENT | | EMPLOYER'S NAME AND ADDRESS | | BUSINESS PHONE NUMBER () | OCCUPATION | TIME ON JOB YRS MOS |
| MONTHLY INCOME \$ | | PREVIOUS EMPLOYER NAME AND ADDRESS | | | OCCUPATION | TIME ON JOB YRS MOS |
| OTHER INCOME | | SOURCE OF OTHER INCOME: ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE INCOME NEED NOT BE DISCLOSED IF YOU DO NOT WISH TO HAVE IT CONSIDERED AS A BASIS FOR REPAYING THIS OBLIGATION. \$ _____ | | | | |

Section 2: JOINT APPLICANT OR OTHER PARTY

| | | | | | | |
|---|------|---|--|------------------------------|-----------------|------------------------|
| JOINT APPLICANT OR OTHER NAME (LAST, FIRST, MIDDLE INITIAL) | | | | RELATIONSHIP | DATE OF BIRTH | SOCIAL SECURITY NUMBER |
| ADDRESS | | | | DRIVER'S LICENSE NO. | | |
| CITY, STATE, ZIP | | | | STATE | EXPIRATION DATE | |
| HOME PHONE NO. () | | E-MAIL | | NAME OF NEAREST RELATIVE | | PHONE NUMBER () |
| MORTGAGE COMPANY/LANDLORD | | | RENT/MORT. \$ | ADDRESS, CITY, STATE, ZIP | | |
| TIME AT RES. | YRS? | MOS? | <input type="checkbox"/> OWNING/BUYING <input type="checkbox"/> RENT <input type="checkbox"/> OTHER | NAME OF ANOTHER RELATIVE | | PHONE NUMBER () |
| PREVIOUS ADDRESS, CITY, STATE, ZIP | | | | ADDRESS, CITY, STATE, ZIP | | |
| EMPLOYMENT | | EMPLOYER'S NAME AND ADDRESS | | BUSINESS PHONE NUMBER () | OCCUPATION | TIME ON JOB YRS MOS |
| MONTHLY INCOME \$ | | PREVIOUS EMPLOYER NAME AND ADDRESS | | | OCCUPATION | TIME ON JOB YRS MOS |
| OTHER INCOME | | SOURCE OF OTHER INCOME: ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE INCOME NEED NOT BE DISCLOSED IF YOU DO NOT WISH TO HAVE IT CONSIDERED AS A BASIS FOR REPAYING THIS OBLIGATION. \$ _____ | | | | |

Section 2: ASSET AND DEBT INFORMATION

Please provide any additional credit information not listed on your credit report you would like considered as a part of this Credit Application.

| TYPE OF CREDIT | NAME OF COMPANY | NAME IN WHICH ACCT IS CARRIED | BALANCE | HIGH | MONTHLY PAYMENTS |
|--|---|--|---------------------------|----------------|------------------|
| | | ___CLOSED | \$ | \$ | \$ |
| | | ___CLOSED | \$ | \$ | \$ |
| | | ___CLOSED | \$ | \$ | \$ |
| PREVIOUS ASI CREDIT ___Y___N | LAST VEHICLE PURCHASED (MAKE, MODEL, YEAR) | | FINANCED BY | | |
| BANK REFERENCE | | BRANCH ADDRESS | ___CHECKING ___SAVINGS | ACCOUNT NUMBER | |
| HAVE YOU EVER HAD ANY PROPERTY REPOSSESSED? ___YES ___NO | DO YOU HAVE ANY SUITS PENDING AGAINST YOU? ___YES ___NO | HAVE YOU FILED BANKRUPTCY IN THE LAST 10 YEARS? ___YES ___NO | | | |

F.A.C.T. ACT DISCLOSURE: ASI 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.

I certify that the above information is complete and accurate. You are authorized to investigate my credit and employment history and to release information about your credit experience with me. I have received a copy of this Credit Application.

| | | | |
|------------------------------------|------------------|--|------------------|
| SIGNATURE OF APPLICANT X | DATE X | SIGNATURE OF JOINT APPLICANT/OTHER PARTY X | DATE X |
|------------------------------------|------------------|--|------------------|