



All Roads Capital®

Dealer Name _____ Contact _____
 Dealer Phone _____
 Dealer Fax _____

CREDIT APPLICATION

NOTICE: BY LAW YOU HAVE THE RIGHT TO APPLY FOR CREDIT INDIVIDUALLY OR JOINTLY; CHECK THE APPROPRIATE BOX

- INDIVIDUAL APPLICATION FOR CREDIT
- JOINT APPLICATION FOR CREDIT
- BUSINESS APPLICATION WITH CUSTOMER GUARANTOR

CO-APPLICANT INFORMATION

NAME: LAST, FIRST _____ MI _____ BIRTHDATE _____ SOCIAL SECURITY OR TAX ID NUMBER _____
 CURRENT ADDRESS STREET _____ CITY _____ STATE _____ ZIP _____
 MAILING ADDRESS IF DIFFERENT THAN CURRENT ADDRESS _____
 YEARS AT CURRENT ADDRESS _____ PAYMENT PER MONTH _____ HOME PHONE _____
 PREVIOUS ADDRESS STREET _____ CITY _____ STATE _____ ZIP _____ YEARS THERE _____
 EMPLOYER NAME _____ POSITION / TITLE _____ YEARS THERE _____ GROSS INCOME PER MONTH _____ BUSINESS PHONE _____
 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.
 Other Income of Applicant: \$ _____ Per _____ Source _____

NAME: LAST, FIRST _____ MI _____ BIRTHDATE _____ SOCIAL SECURITY OR TAX ID NUMBER _____
 CURRENT ADDRESS STREET _____ CITY _____ STATE _____ ZIP _____
 YEARS AT CURRENT ADDRESS _____ PAYMENT PER MONTH _____ HOME PHONE _____
 PREVIOUS ADDRESS STREET _____ CITY _____ STATE _____ ZIP _____ YEARS THERE _____
 EMPLOYER NAME _____ POSITION / TITLE _____ YEARS THERE _____ GROSS INCOME PER MONTH _____ BUSINESS PHONE _____
 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.
 Other Income of Applicant: \$ _____ Per _____ Source _____

AGREEMENT TO INSURE VEHICLE
 In consideration of you extending credit to me, I hereby agree by my signature below to insure the vehicle pledged in the security thereof. If no satisfactory policy is taken out within 30 days of purchase, Bank is authorized to take said vehicle into protective custody until such insurance is obtained.
 INSURER: _____
 AGENT: _____ PHONE: _____
 ADDRESS: _____

VEHICLE BEING FINANCED YEAR _____
 MAKE _____
 MODEL _____
 DEMO NEW USED
 TRADE IN _____
 LIEN HOLDER _____

TOTAL SELLING AMOUNT	\$	_____
TRADE IN		_____
LESS AMOUNT OWING		_____
EQUITY		_____
CASH		_____
TOTAL DOWN PAYMENT	\$	_____
UNPAID BALANCE TO FINANCE	\$	_____
# OF MONTHS		_____
MSRP / INVOICE	\$ \	_____

APPLICANT AND/OR CO-APPLICANT MUST SIGN HERE
 NOTE: 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.
 Everything that I have stated in this application is correct to the best of my knowledge. I understand you will retain this application whether or not it is approved. You and your assigns are authorized to check my credit and employment history and to answer questions about your credit experience with me.
 APPLICANT'S SIGNATURE _____ DATE _____
 OTHER SIGNATURE (WHERE APPLICABLE) _____ DATE _____