

Dealer Name \_\_\_\_\_ Dealer State \_\_\_\_\_



|   |   |  |   |   |   |  |   |
|---|---|--|---|---|---|--|---|
| Buyer   | First Name Middle Initial Last Name   |  |   | Date of Birth<br>/ /                                      | Social Security Number<br>/ /   | Area Code & Home Phone Number                        |   |
|   | Current Physical Address (Number and Street)  |  |   | City, State & Zip Code                                    |   | Drivers License #                                    | Area Code & Cell Phone Number               |
|   | <input type="checkbox"/> Single<br><input type="checkbox"/> U.S. Citizen<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Buying<br><input type="checkbox"/> Married<br><input type="checkbox"/> Separated<br><input type="checkbox"/> No | <input type="checkbox"/> Own Free & Clear<br><input type="checkbox"/> Renting<br><input type="checkbox"/> Living with Parents<br><input type="checkbox"/> Other |   | Rent or Mortgage Payment<br>\$  | Mortgage Holder/Landlord                             | Time at Residence<br>____ Years ____ Months |
|   | Previous Address (Street, City, State and Zip Code) (Complete if less than three years at present address)                              |  |   |   |   | Time at Previous Residence<br>____ Years ____ Months |   |
|   | Name of Personal Reference Not Living With You  |  | Address of Personal Reference Not Living With You   |   | Relationship  |  | Area Code & Home Phone Number               |
|   | Present Employer Name (If Self-Employed Please List Business Name)  |  |   |   | City, State   |  | Employer's Area Code & Phone Number         |
| Buyer Employment  | Self-Employed <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |   | Buyer's Occupation or Job Title (if Military, State Rank) |   | Time At Job  |   |
|   | If Yes, S Corp _____ C Corp _____ LLC _____ Partnership _____ Proprieter _____  |  |   |   |   | ____ Years ____ Months                               |   |
|   | Gross Monthly Income Amount (Before taxes)  |  | Type of Wages<br><input type="checkbox"/> W2 <input type="checkbox"/> 1099 <input type="checkbox"/> Other If Other, provide an explanation _____                |   |   |  |   |
|   | Is there any additional income? If so, what is the source?  |  | Additional Gross Monthly Income Amount*   |   | What Kind of Income? <input type="checkbox"/> W2 <input type="checkbox"/> 1099 <input type="checkbox"/> Cash <input type="checkbox"/> Retirement/Pension<br><input type="checkbox"/> SS <input type="checkbox"/> Other If Other, provide an explanation _____ |  |   |
|   | Previous Employer (Complete if less than two years at present job)  |  |   | Occupation or Job Title                                   |   | Time at Job<br>____ Years ____ Months                |   |
|   | Co-Buyer  | First Name Middle Initial Last Name  |   |   | Date of Birth<br>/ /  | Social Security Number<br>/ /                        | Area Code & Home Phone Number               |
| Current Physical Address (Number and Street)  |   |  | City, State & Zip Code  |   | Drivers License #   | Area Code & Cell Phone Number                        |   |
| <input type="checkbox"/> Single<br><input type="checkbox"/> U.S. Citizen<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No |   | <input type="checkbox"/> Buying<br><input type="checkbox"/> Married<br><input type="checkbox"/> Separated<br><input type="checkbox"/> No | <input type="checkbox"/> Own Free & Clear<br><input type="checkbox"/> Renting<br><input type="checkbox"/> Living with Parents<br><input type="checkbox"/> Other |   | Rent or Mortgage Payment<br>\$  | Mortgage Holder/Landlord                             | Time at Residence<br>____ Years ____ Months |
| Previous Address (Street, City, State and Zip Code) (Complete if less than three years at present address)                              |   |  |   |   | Time at Residence<br>____ Years ____ Months   | Relationship to Primary Buyer                        |   |
| Present Employer Name (If Self-Employed Please List Business Name)  |   |  |   | City, State   |   | Employer's Area Code & Phone Number                  |   |
| Co-Buyer Employment   |   | Self-Employed <input type="checkbox"/> Yes <input type="checkbox"/> No   |   |   | Co-Buyer's Occupation or Job Title (if Military, State Rank)  |  | Time At Job                                 |
|   | If Yes, S Corp _____ C Corp _____ LLC _____ Partnership _____ Proprieter _____  |  |   |   |   | ____ Years ____ Months                               |   |
|   | Gross Monthly Income Amount (Before taxes)  |  | Type of Wages<br><input type="checkbox"/> W2 <input type="checkbox"/> 1099 <input type="checkbox"/> Other If Other, provide an explanation _____                |   |   |  |   |
|   | Is there any additional income? If so, what is the source?  |  | Additional Gross Monthly Income Amount*   |   | What Kind of Income? <input type="checkbox"/> W2 <input type="checkbox"/> 1099 <input type="checkbox"/> Cash <input type="checkbox"/> Retirement/Pension<br><input type="checkbox"/> SS <input type="checkbox"/> Other If Other, provide an explanation _____ |  |   |
|   | Previous Employer (Complete if less than two years at present job)  |  |   | Occupation or Job Title                                   |   | Time at Job<br>____ Years ____ Months                |   |

**Please answer the following questions to expedite the loan process:**

- How much money do you anticipate using as a down payment (not including the trade allowance)? \_\_\_\_\_
- Whom can we call with the details of the loan? Buyer \_\_\_\_\_ Co-Buyer \_\_\_\_\_
- Where should we contact you? Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_
- Email address \_\_\_\_\_
- When do you anticipate delivery? \_\_\_\_\_
- Previously owned boats or recreational vehicles (list largest, if several) \_\_\_\_\_
- If purchasing an RV, do you plan to live in the RV more than 6 months of the year? Yes \_\_\_\_\_ No \_\_\_\_\_

\*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.

Federal law requires the creditor to obtain, verify and record information that identifies me (us) when I (we) open an account. The creditor will use my (our) name, address, and other information for this purpose. Evidence of physical damage insurance on the collateral securing the loan you seek is required prior to closing. By submitting this application, you are authorizing us to disclose information contained in your application to an insurance carrier solely for the purpose of providing you with a premium quote for such insurance. You are, however, under no obligation whatsoever to purchase insurance from the insurance carrier providing the quote.

SIGNATURES: I (we) authorize Priority One to obtain any information pertaining to my (our) trade payoff from the lender. I (we) certify that everything stated in this application and on any attachments is true and correct. Priority One and any participating lender may keep this application whether or not it is approved. By signing below I (we) authorize the above named Dealer, Priority One and any subsequent lender to check my credit and employment history and to obtain a consumer credit report in connection with this application or in connection with additional approval, extensions or collection of credit. I (we) understand that I (we) must update application information if my financial condition changes prior to closing of the loan. Upon request I (we) will be informed whether or not a consumer credit report was requested and, if so, the name and address of the agency that furnished such report. Communication with Priority One Financial Services, Inc. or subsidiaries may be recorded or monitored for training purposes.

We intend to apply for joint credit. Buyer's Initials \_\_\_\_\_ Co-Buyer's Initials \_\_\_\_\_

X \_\_\_\_\_ O \_\_\_\_\_  
Buyer's signature Date Buyer's signature Date