

# CREDIT APPLICATION



**IMPORTANT: Please read the instructions carefully before completing this form.**

Check Appropriate Box:

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 A and C, omitting B and the second line of C.

If this is an application for joint credit with another person, complete all Sections, providing information in B about the joint applicant.

We intend to apply for joint credit.

If you are applying for individual credit, but are relying on income from alimony, child support, or separate maintenance or on the income or assets of another person as the basis for repayment of the credit requested, complete all Sections to the extent possible, providing information in B about the person on whose alimony, support, or maintenance payments or income or assets you are relying.

### Section A: Information Regarding Applicant

Applicant	First		Middle		Last		SR JR			
	Date of Birth		Social Security Number		Driver's License Number		Driver's License State			
	Current Address – Number, Street, Apt #				City		State		Zip	
	Home Phone**		Work Phone**		Cell Phone**		Email Address			
Residence	Type	Own	Rent	Other	If other, specify.		Time at Address ____ Years ____ Months		Rent/Mortgage Payment \$	
	Name Landlord/Mortgage Company			Phone Number Landlord/Mortgage Company			Time at Prior Address ____ Years ____ Months			
	Prior Address if at current less than 2 years – Number, Street, Apt #				City		State		Zip	
Employment	Type	Employed	Self-Employed	Retired	Other	If other, specify.		Employer Name		
	Position		Time on Job ____ Years ____ Months		Shift/Work Hrs	Supervisor's Phone #	Employer Address			
	Amount of Salary \$		Frequency				Other Income*			
			Monthly	Bi-Weekly	Weekly	Daily	Annually	Source	Monthly Amount \$	
	Prior Employer Name			Prior Employer Phone			Length of Prior Employment ____ Years ____ Months			

\*Alimony, child support, or separate maintenance income need not to be revealed if you do not choose to have it considered as a basis for repaying this obligation

### Section B: Information Regarding Joint Applicant, or Other Party

Joint Applicant / Other Party	First		Middle		Last		SR JR			
	Date of Birth		Social Security Number		Driver's License Number		Driver's License State			
	Current Address – Number, Street, Apt #				City		State		Zip	
	Home Phone**		Work Phone**		Cell Phone**		Email Address			
Joint Applicant / Other Party Residence	Type	Own	Rent	Other	If other, specify.		Time at Address ____ Years ____ Months		Rent/Mortgage Payment \$	
	Name Landlord/Mortgage Company			Phone Number Landlord/Mortgage Company			Time at Prior Address ____ Years ____ Months			
	Prior Address if at current less than 2 years – Number, Street, Apt #				City		State		Zip	
Joint Applicant / Other Party Employment	Type	Employed	Self-Employed	Retired	Other	If other, specify.		Employer Name		
	Position		Time on Job ____ Years ____ Months		Shift/Work Hrs	Supervisor's Phone #	Employer Address			
	Amount of Salary \$		Frequency				Other Income*			
			Monthly	Bi-Weekly	Weekly	Daily	Annually	Source	Monthly Amount \$	
	Prior Employer Name			Prior Employer Phone			Length of Prior Employment ____ Years ____ Months			

### Section C: Marital Status (Joint Applicant/Other Party: Do not complete second line if this is an application for an individual account)

Marital Status	Applicant:	Married	Separated	Unmarried (including single, divorced, and widowed)
	Joint Applicant or Other Party:	Married	Separated	Unmarried (including single, divorced, and widowed)

\*Alimony, child support, or separate maintenance income need not to be revealed if you do not choose to have it considered as a basis for repaying this obligation

Everything that I have stated in this application is correct to the best of my knowledge. I understand that American Credit Acceptance, LLC (“ACA”) will retain this application whether or not it is approved. ACA is authorized to check my credit and employment history and to answer questions about ACA’s credit experience with me.

\*\* I certify that the information I have provided is complete and correct. I understand and agree that ACA, its affiliates, agents, service providers and assignees may call me, using an automatic telephone dialing system or otherwise, leave me a voice, prerecorded, or artificial voice message, or send me a text, e-mail, or other electronic message for any purpose related to the servicing or collection of any account that I may establish with ACA and/or for other informational purposes related to any product or service that I purchase from ACA (each a “Communication”). I agree that ACA, its affiliates, agents, service providers and assignees may send a Communication to any telephone number (including cellular telephone numbers) or email address I provide in connection with any account that I establish with ACA or in connection with any product or service that I purchase from ACA. I also agree that ACA, its affiliates, agents, service providers and assignees may include my personal information in a Communication. I understand and agree that ACA, its affiliates, agents, service providers and assignees will not charge me for a Communication, but my service provider may. In addition, I understand and agree that ACA, its affiliates, agents, service providers and assignees may always communicate with me in any manner permissible by law. I agree that ACA, its affiliates, agents, service providers and assignees may monitor and record telephone calls to assure the quality of service or for other reasons.

I hereby authorize ACA and any other possible future financial institutions to initiate a credit investigation (including, but not limited to pulling credit reports and verifying employment, income, and residential information) and releasing information about ACA’s experience with me as permitted by law under the Fair Credit Reporting Act. All information provided to ACA on this credit application has been voluntarily provided by myself and is complete and accurate in all respects. I authorize ACA to forward this application to any future financial institution that may purchase a resulting sales finance contract.

\_\_\_\_\_ Date \_\_\_\_\_ Date \_\_\_\_\_

**Applicant Signature**

**Joint Applicant or Other Party Signature**

**FEDERAL NOTICES**

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided that the applicant has the capacity to contract); because all or part of the applicant’s income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this creditor is the Federal Trade Commission, Equal Credit Opportunity, Washington, D.C. 20580.

**STATE NOTICES**

**California Residents:** The applicant, if married, may apply for a separate account.

**Maine and Tennessee Residents:** If your credit application is approved and ACA provides financing for your vehicle purchase, you will be required to maintain physical damage insurance reasonably satisfactory to ACA and covering ACA’s interest in the vehicle for the term of the contract. You have the right to free choice in the selection of the insurer through which the insurance is to be placed; obtaining insurance products from a particular agent or broker does not affect credit decisions by ACA, unless the insurance product selected violates the terms of the extension of credit regarding adequacy of coverage.

**New Hampshire Residents:** All applicants that are applying for balloon contracts are entitled to receive, upon request, a written estimate of the monthly payment amount for refinancing within ACA’s existing refinance programs.

**New York Residents:** With submitting this credit application, you permit ACA to pull a credit report from any credit reporting agency or bureau. If ACA extends credit to you in accordance to this application, you also permit ACA to pull any further credit reports in regards to any update, extensions, or modifications during the term of your retail installment sales contract with ACA. You have the right to request that ACA provide you with the name and address of the credit bureau and date the credit report was pulled.

**Ohio Residents:** The Ohio laws against discrimination require that all creditors make credit equally available to all creditworthy 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.

**Rhode Island Residents:** Credit reports may be obtained in connection with your application.

**Vermont Residents:** By signing this application you consent and give ACA permission to obtain credit reports in connection with any account established with ACA as a result of this application for credit for purposes of reviewing such account, increasing the credit line on that such account, or taking collection action on such account.

**MARRIED WISCONSIN RESIDENTS:** No provision of any marital property agreement, unilateral settlement agreement under Wis. Stat. §766.59, or court decree under Wis. Stat. §766.70 will adversely affect ACA’s interest, unless prior to the time the credit is granted, ACA is furnished a copy of the agreement, statement or decree, or has actual knowledge of the adverse provision. If you are making this application individually and not jointly with your spouse, please provide the full name and correct address of your spouse.

Applicant’s Name: \_\_\_\_\_ Spouse’s Name: \_\_\_\_\_

Spouse’s Residence Address: \_\_\_\_\_