



CREDIT APPLICATION

Consumer Loans

Credit Application #
Dealer Name
Dealer #
Salesperson

CUSTOMER INFO	*First Name	M.I.	*Last	*SSN	*Date of Birth	*Joint Application <input type="checkbox"/> Yes <input type="checkbox"/> No
	*Street Address		*City	*State	*County	*Zip Code
	*Home Phone () -	Business Phone () -		e-Mail Address		Drivers License Number and State
	*Occupation:					

CO-APPLICANT	First Name	M.I.	Last	SSN	Date of Birth	
	Street Address		City	State	County	Zip Code
	Home Phone () -	Business Phone () -		e-Mail Address		

ADDITIONAL INFO	Monthly Gross Income \$	* Alimony, child support, or separate maintenance income need not be revealed if applicant does not wish it to be considered as a basis for repaying this obligation.	Monthly Expenses \$	Net Worth \$	Residence <input type="checkbox"/> Own <input type="checkbox"/> Rent	*Yr Residence Est.
	If Current Yrs at Residence are Fewer Than 3 Yrs, Prior Street Address, City, State		*Has the applicant been subject of any unsatisfied judgments rendered against them in the past 7 years, had equipment repossessed in the past 7 years, or been declared bankrupt in the past 10 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify:			
	Employer Name		Employer Phone # () -		Yr Employment Began	

BANKING INFO	Bank Name	Contact Name	Bank Phone # () -
	Account #	Approximate total checking and savings balance \$	
	Lending Reference	Contact Name	Lender Phone # () -

PROPERTY INFO	*N/U	Year	*Type	*Manufacturer	*Series	*Model	Description	Serial #/VIN	*Hours	*Sales Price \$
										\$
										\$
										\$
										\$
Property Location, Address, City				State	County	Zip Code	Home Phone # () -	Total Sales Price \$		
Total Sales Tax \$										

TRADE-IN INFO	Year	*Type	*Manufacturer	*Series	*Model	Description	Serial #/VIN	Hours	*Allowance \$	*Amt. Owing \$	Net Trade-In \$
										\$	\$
									\$	\$	\$
									\$	\$	\$
If applicant owes another financial institution, owe to whom:											Total Net Trade-In \$

TERMS	<input type="checkbox"/> Contract/Loan	<input type="checkbox"/> Other	Program #	Program Description	*Frequency <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	<input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input type="checkbox"/> Irregular	Rate	<input type="checkbox"/> Fixed <input type="checkbox"/> Variable	*Term	*Cash Down Payment \$
	Contract/Lease Date	Interest Start Date	First Payment Date	Skips (months)	# of Advanced Payments	Annual Usage	Purchase Option \$	Estimated Amt. Financed \$		

INS	PDI Company Name	PDI Deductible	PDI Agent Name	PDI Agent Phone # () -	PDI Policy #	Liability Company Name
-----	------------------	----------------	----------------	----------------------------	--------------	------------------------

* Required Information for Credit Approval
Comments:

Important information about procedures for opening a new account: To help the government fight the funding of terrorism and money-laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask you to present your driver's license or other identifying documents.

Reports to Credit Bureaus: We 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.

Reports from Credit Bureaus: If you ask us, we will tell you whether a consumer report was requested on you and, if so, the name and address of the consumer reporting agency that furnished it.

CA Residents: Married applicants may apply for separate credit.

OH Residents: 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 histories on each individual upon request. The Ohio Civil Rights Commission administers compliance with this law.

WI Residents: Wisconsin law provides that: (1) no agreement, unilateral statement or court decree relating to marital property will adversely affect a creditor's interest unless, prior to the time credit is granted, the creditor is furnished a copy of the agreement, statement or decree, or has actual knowledge of the adverse provision; and (2) we are required to ask you to provide the name and address of your spouse (if any).

Authorization: Applicant (whether one or more, "Applicant") submits this application for the purpose of obtaining credit from CIT Bank ("CIT"). Applicant hereby (1) requests that CIT grant credit to Applicant, (2) authorizes CIT or its designee to investigate Applicant's creditworthiness, including without limitation by obtaining consumer reports from credit reporting agencies and other information and credit records and to use such information in collecting any debt of Applicant owed to CIT; (3) authorizes Applicant's past and present lenders, lessors, landlords and other creditors to provide CIT or its designee with any and all information that will assist CIT in its credit inquiry; and (4) certifies that all information provided in this application is true and correct.

Arbitration: Your Note and Security Agreement will contain an arbitration provision that may substantially limit your rights in the event of a dispute, including your right to litigate in court or have a jury trial, discovery and appeal rights, and the right to participate as a representative or member of a class action.

Insurance: You may be offered the opportunity to purchase Property Insurance and/or Credit Life Insurance in connection with your Loan. PLEASE NOTE THAT INSURANCE IS NOT A DEPOSIT, IS NOT FDIC-INSURED, IS NOT INSURED BY ANY FEDERAL GOVERNMENT AGENCY, AND IS NOT GUARANTEED BY CIT BANK. WE MAY NOT CONDITION AN EXTENSION OF CREDIT TO YOU ON YOUR PURCHASE OF INSURANCE FROM US OR OUR AFFILIATES, OR ON YOUR AGREEMENT NOT TO OBTAIN INSURANCE FROM AN UNAFFILIATED ENTITY. By signing this application, you acknowledge that you received this disclosure.

Your Social Security Number: You must provide your social security number above, or we will deny your application. If you do not have a social security number, let us know.

Applicant's Signature _____ Date _____ Signature of Co-Applicant(s) _____ Date _____