



CREDIT APPLICATION



IMPORTANT: READ THESE DIRECTIONS BEFORE COMPLETING THIS APPLICATION.

- Check 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.
- Appropriate b. If you are married and live in a community property state complete all Sections including Section 2 providing information about your spouse.
- Box c. If this is an application for joint credit with another person complete all Sections providing information in Section 2 about the co-applicant.

NOTE: APPLICANT, IF MARRIED, MAY APPLY FOR A SEPARATE ACCOUNT.

SECTION 1. Information Regarding Applicant:

LAST NAME (PRINT)		FIRST	INITIAL	BIRTH DATE	DRIVER'S LIC. NO.	DEALER NO. (REQ'D)		DEALER NAME	
ADDRESS		CITY	STATE	ZIP	HOW LONG? YRS. MOS.	PHONE ()		SOCIAL SECURITY/ FED. ID NO.	
LEASE BILLING ADDRESS (IF DIFFERENT)		CITY	COUNTY	STATE	ZIP	E-MAIL ADDRESS		HOW LONG? YRS. MOS.	
PREVIOUS ADDRESSES (TO COVER 3 YEARS RESIDENCE)		ADDRESS		RELATIONSHIP	PHONE ()		HOW LONG? YRS. MOS.		
OCCUPATION OR RANK	EMPLOYER		ADDRESS		CITY	STATE	ZIP	HOW LONG? YRS. MOS.	
EMPLOYER'S ADDRESS		ADDRESS		CITY		STATE	ZIP	HOW LONG? YRS. MOS.	
PREVIOUS EMPLOYER (TO COVER 2 YEAR HISTORY)		ADDRESS		CITY		STATE	ZIP	HOW LONG? YRS. MOS.	
NEAREST RELATIVE NOT LIVING WITH ME		ADDRESS		CITY		STATE	ZIP	HOW LONG? YRS. MOS.	
EDUCATION	<input type="checkbox"/> HIGH SCHOOL GRADUATE	<input type="checkbox"/> SOME COLLEGE	<input type="checkbox"/> 2 YR. COLLEGE DEGREE	<input type="checkbox"/> 4 YR. COLLEGE DEGREE	SPECIALIZED TRAINING				

INCOME:

Applicant's gross monthly income from employment \$ _____

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.

Alimony, child support, separate maintenance received under: court order written agreement oral understanding Amount \$ _____

Amount of other monthly income and source(s) \$ _____

TOTAL GROSS MONTHLY INCOME \$ _____

SECTION 2. Information Regarding Spouse or Co-Applicant (Use separate sheets if necessary.):

LAST NAME (PRINT)		FIRST	INITIAL	BIRTH DATE	DRIVER'S LIC. NO.	DEALER NO. (REQ'D)		DEALER NAME	
ADDRESS		CITY	STATE	ZIP	HOW LONG? YRS. MOS.	PHONE ()		SOCIAL SECURITY/ FED. ID NO.	
PREVIOUS ADDRESSES (TO COVER 3 YEARS RESIDENCE)		ADDRESS		RELATIONSHIP	PHONE ()		HOW LONG? YRS. MOS.		
OCCUPATION OR RANK	EMPLOYER		ADDRESS		CITY	STATE	ZIP	HOW LONG? YRS. MOS.	
EMPLOYER'S ADDRESS		ADDRESS		CITY		STATE	ZIP	HOW LONG? YRS. MOS.	
PREVIOUS EMPLOYER (TO COVER 2 YEAR HISTORY)		ADDRESS		CITY		STATE	ZIP	HOW LONG? YRS. MOS.	

INCOME:

Joint Applicant or other party's gross monthly income from employment \$ _____

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.

Alimony, child support, separate maintenance received under: court order written agreement oral understanding Amount \$ _____

Amount of other monthly income and source(s) \$ _____

TOTAL GROSS MONTHLY INCOME \$ _____

SECTION 3. Asset and Debt Information:

(If Section 2 has been completed, this Section should be completed giving information about both the Applicant and Joint Applicant or Other Person. Please mark Applicant-related information with an "A." If Section 2 was not completed, only give information about the Applicant in this Section.)

<input type="checkbox"/> OWN HOME	LANDLORD OR MORTGAGE HOLDER	RENT/MORTGAGE PYMT.
<input type="checkbox"/> RENTING		\$ _____
<input type="checkbox"/> LIVING WITH RELATIVES	CITY STATE PHONE ()	2ND MORTGAGE PYMT.
		\$ _____

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 ACCOUNT IS CARRIED	<input type="checkbox"/> OPEN <input type="checkbox"/> CLOSED	BALANCE	HIGH	MONTHLY PAYMENTS OR DATE CLOSED
				\$ _____	\$ _____	\$ _____
				\$ _____	\$ _____	\$ _____
				\$ _____	\$ _____	\$ _____

Previous TFS Credit? YES NO

LAST VEHICLE PURCHASED (MAKE, MODEL, YEAR) FINANCED BY

BANK REFERENCE BRANCH ADDRESS CHECKING SAVINGS ACCOUNT NO.

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

MINIMUM PHYSICAL DAMAGE INSURANCE IS REQUIRED FOR THE FULL TERM OF THE INSTALLMENT CONTRACT to protect all interests thereunder against collision, fire-theft and the additional hazards covered by Combined Additional Coverage. YOU MAY CHOOSE THE PERSON THROUGH WHICH ANY OF THIS INSURANCE IS OBTAINED.

MAINE, NEW YORK AND OHIO RESIDENTS: SEE THE REVERSE SIDE OF THIS APPLICATION FOR FURTHER IMPORTANT DISCLOSURES AND INFORMATION.

FAIR CREDIT REPORTING ACT DISCLOSURE.

This application for credit sale will be submitted to TMCC at 19500 Victor Parkway, Suite 400, Livonia, MI 48152 for purchase or consideration as to whether it meets purchase requirements.

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.

MONTHLY PAYMENT DATE DESIRED BY CUSTOMER CUSTOMER SIGNS CO-APPLICANT SIGNS (ONLY IF BOX c. CHECKED)

DATE: _____ DATE: _____

TO BE COMPLETED	SPECIAL PROGRAM		<input type="checkbox"/> RETAIL <input type="checkbox"/> LEASE <input type="checkbox"/> BALLOON	
	<input type="checkbox"/> NEW YEAR MAKE	TOTAL CASH PRICE/CAP COST: \$ _____		
	<input type="checkbox"/> CERTIFIED	LESS: NET TRADE \$ _____		
	<input type="checkbox"/> USED	CASH DOWN/CAP COST REDUCTION \$ _____		(TOTAL DOWN PYMT)
	MODEL NO./NAME MILEAGE	UNPAID BALANCE: \$ _____		
<input type="checkbox"/> AUTOMATIC TRANS. <input type="checkbox"/> POWER STEERING <input type="checkbox"/> POWER WINDOWS <input type="checkbox"/> AIR CONDITIONING <input type="checkbox"/> OTHER: _____	PLUS INSURANCE AND ALL OTHER CHARGES: \$ _____			
<input type="checkbox"/> LEATHER INTERIOR <input type="checkbox"/> ABS BRAKES <input type="checkbox"/> POWER SEATS <input type="checkbox"/> CD PLAYER <input type="checkbox"/> OTHER: _____	TOTAL AMOUNT FINANCED/NET CAP COST: \$ _____			
TRADE-IN MAKE MODEL NO./NAME YEAR	RESIDUAL VALUE (LEASE ONLY): \$ _____			
TERM OF CONTRACT _____ MOS. PAYMENT AMOUNT \$ _____	<input type="checkbox"/> INV <input type="checkbox"/> AVW <input type="checkbox"/> MSRP \$ _____			

DETROIT 084040



Please fax application only. Additional documentation should be sent to your servicing TFS office with contract documentation.