



Nationwide SOUTHEAST LLC

(800) 622-7605

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APPLICATION FOR SECURED CREDIT

DEALER		DEALER FAX# ()
DATE	FINANCE PERSON	DEALER PHONE ()

The words "you," "your" and "yours" mean each person submitting this application for secured credit. The words "we" "us," "our" and "ours" as used in this application refer to the creditor and to any potential assignee to whom the creditor submits your application.

Check	<input type="checkbox"/> Individual Credit –	Applying for credit in your own name and 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 this page only and sign on page 2).
Appropriate	<input type="checkbox"/> Joint Credit –	You intend to apply for joint credit (Complete and sign both pages). Consent to application for joint credit: Applicant Initials: _____ Joint-applicant Initials: _____
Box	<input type="checkbox"/> Individual Credit –	Relationship to joint applicant or other party, if any _____ Applying for credit in your own name but 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 and sign both pages). The other person should not sign as a Joint Applicant.
	<input type="checkbox"/> Comm. Prop. State –	If you are married and live in a community property state (Complete and sign both pages), your spouse should not sign as a Joint Applicant. Your spouse does not need to apply as a joint applicant.

Section A - Information regarding applicant

PRINT FULL NAME	FIRST	MIDDLE	LAST	SOC. SEC. NO.	DATE OF BIRTH	MO	DAY	YR.
PRESENT ADDRESS	NUMBER AND STREET		CITY	STATE	ZIP CODE	PHONE OR CONTACT # ()		LIVE THERE YEARS MONTHS
PREVIOUS ADDRESS	NUMBER AND STREET		CITY	STATE	ZIP CODE	CELL PHONE* ()		LIVE THERE YEARS MONTHS
NO. OF DEP.	RENT BY MO. LEASE OWN	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	LANDLORD OR MORTGAGE HOLDER NAME		MO. PYMT. OR RENT \$			
E-MAIL ADDRESS			DRIVERS LICENSE NO.					
EMPLOYED BY	BUSINESS ADDRESS		CITY	STATE	BUS. PHONE NO ()	HOW LONG YEARS MONTHS		
OCCUPATION	GROSS SALARY \$	<input type="checkbox"/> WEEKLY <input type="checkbox"/> BI-WEEKLY <input type="checkbox"/> SEMI. MO.	JOB SITE	ADDRESS	PHONE ()			
SECOND JOB	BUSINESS ADDRESS		CITY/STATE	GROSS SALARY \$	<input type="checkbox"/> WEEKLY <input type="checkbox"/> BI-WEEKLY <input type="checkbox"/> SEMI. MO.	BUS. PHONE NO ()	HOW LONG YEARS MONTHS	
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.								
TYPE OF OTHER INCOME		SOURCE			MONTHLY AMOUNT \$			
PREVIOUS EMPLOYER	BUSINESS ADDRESS		CITY	STATE	BUS. PHONE NO ()	HOW LONG YEARS MONTHS		
LAST CAR BOUGHT YR.	MAKE	BOUGHT FROM		MONTHLY PMT	FINANCE CO/LENDER	<input type="checkbox"/> OPEN <input type="checkbox"/> CLOSED	DATE	
ARE YOU OBLIGATED TO MAKE ALIMONY OR CHILD SUPPORT PAYMENTS?			<input type="checkbox"/> YES <input type="checkbox"/> NO	MONTHLY AMOUNT \$				
HAVE YOU BEEN DECLARED BANKRUPT IN THE LAST 14 YEARS?			<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN?				
ARE YOU A CO-SIGNER, ENDORSER OR GUARANTOR FOR OTHERS?			<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, EXPLAIN				

SELLING PRICE \$ _____ INCLUDING SALES TAX \$ _____ TRADE ALLOWANCE \$ _____ TRADE PAY OFF \$ _____ CASH DOWN \$ _____ TOTAL DOWN PAYMENT \$ _____ UNPAID BALANCE \$ _____ WARRANTY \$ _____ GAP \$ _____ BALANCE TO FINANCE \$ _____	MAKE	YEAR	BODY STYLE	MODEL	MODEL TYPE
	COLOR	VIN NO.			
	Trade-in	YEAR	MAKE	MODEL	
	ODOMETER _____				

APPLICATION CONTINUED ON NEXT PAGE

Applicant Initials: _____ Joint-applicant Initials: _____

APPLICATION FOR SECURED CREDIT (continued)

Section B – Information regarding joint applicant or other party or if comm. prop. state – applicant’s spouse										
PRINT FULL NAME FIRST MIDDLE LAST				SOC. SEC. NO.			DATE OF BIRTH MO DAY YR.			
PRESENT ADDRESS		NUMBER AND STREET		CITY		STATE		ZIP CODE		
PHONE OR CONTACT #		()		LIVE THERE		YEARS		MONTHS		
PREVIOUS ADDRESS		NUMBER AND STREET		CITY		STATE		ZIP CODE		
CELL PHONE*		()		LIVE THERE		YEARS		MONTHS		
NO. OF DEP.	RENT BY MO. LEASE OWN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LANDLORD OR MORTGAGE HOLDER NAME			MO. PYMT. OR RENT \$		
RELATIONSHIP TO APPLICANT			E-MAIL ADDRESS			DRIVERS LICENSE NO.				
EMPLOYED BY		BUSINESS ADDRESS		CITY		STATE		BUS. PHONE NO		
()		YEARS		MONTHS		HOW LONG		MONTHS		
OCCUPATION		GROSS SALARY \$		<input type="checkbox"/> WEEKLY	<input type="checkbox"/> BI-WEEKLY	<input type="checkbox"/> SEMI. MO.	JOB SITE ADDRESS		PHONE ()	
SECOND JOB		BUSINESS ADDRESS		CITY/STATE		GROSS SALARY \$		<input type="checkbox"/> WEEKLY	<input type="checkbox"/> BI-WEEKLY	<input type="checkbox"/> SEMI. MO.
BUS. PHONE NO		()		HOW LONG		YEARS		MONTHS		
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.										
TYPE OF OTHER INCOME		SOURCE		MONTHLY AMOUNT \$						
PREVIOUS EMPLOYER		BUSINESS ADDRESS		CITY		STATE		BUS. PHONE NO		
()		YEARS		MONTHS		HOW LONG		MONTHS		
LAST CAR BOUGHT YR. MAKE		BOUGHT FROM			MONTHLY PMT	FINANCE CO/BANK	<input type="checkbox"/> OPEN	<input type="checkbox"/> CLOSED	DATE	
ARE YOU OBLIGATED TO MAKE ALIMONY OR CHILD SUPPORT PAYMENTS?				<input type="checkbox"/> YES <input type="checkbox"/> NO		MONTHLY AMOUNT \$				
HAVE YOU BEEN DECLARED BANKRUPT IN THE LAST 14 YEARS?				<input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, WHEN?				
ARE YOU A CO-SIGNER, ENDORSER OR GUARANTOR FOR OTHERS?				<input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, EXPLAIN				

You certify that the foregoing statements are true and complete and made for the purpose of determining your eligibility for credit. You agree that this application shall remain our and our assignees' property, whether or not credit is extended. We and our assignees are authorized to make all inquiries we deem necessary to verify the accuracy of the statements made herein, and to determine your creditworthiness by obtaining consumer reports from consumer reporting agencies and credit information from others, including financial institutions, extenders of credit, references, present and former employers, merchants, landlords and creditors. ***You agree that we and our assignees may contact you in writing, by e-mail, or using prerecorded/artificial voice messages, text messages, and automatic telephone dialing systems, as the law allows. You also agree that we and our assignees may contact you in these and other ways at any address or telephone number you provide us, even if the telephone number is a cell phone number or the contact results in a charge to you.** Pursuant to the Fair Credit Reporting Act, you are notified that your credit application may be submitted to Nationwide (or one of Nationwide's affiliates) for consideration for the extension of credit.

Your privacy is important to us. You may obtain a copy of the Nationwide Privacy Policy by calling us at 800-622-7605 or by going to the Nationwide website www.nationwideloans.com.

California: If married, you may apply for credit separately as an individual.

Ohio: 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.

Wisconsin: No provision of a marital property agreement, a unilateral statement under Wis. Stat. 766.59, or a court decree under Wis. Stat. 766.70 adversely affects our interest unless you furnish a copy of such agreement, statement, or decree to us prior to the time credit is granted or we have actual knowledge of such adverse provision when your obligation to us is incurred.

APPLICANT SIGNATURE _____ DATE _____

JOINT APPLICANT SIGNATURE _____ DATE _____