

ROSENTHAL ACURA

CUSTOMER'S STATEMENT || **(Complete a separate statement for each applicant)** || APPLICATION NUMBER: _____

Please Check the Appropriate Box **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.
 Joint Credit: applying for joint credit with another person (relationship to co-applicant, if any _____.)

NOTE: You may type on this form, print it out, fax and bring this 'original' in to your representative!

FULL NAME	FIRST	MIDDLE	LAST	SOCIAL SECURITY	DATE OF BIRTH	
				- -	(MM/DD/YYYY) / /	
PRESENT ADDRESS	NUMBER AND STREET			CITY	STATE	
				ZIP	HOW LONG	
RENT <input type="checkbox"/> <i>Or</i> OWN <input type="checkbox"/>	LANDLORD OR MORTGAGE HOLDER			MO. PAYMENT / or / RENT	MORTGAGE BALANCE	
				\$		
PREVIOUS HOME ADDRESS <small>(IF LESS THAN 3 YEARS AGO)</small>	NUMBER AND STREET			CITY	STATE	
				ZIP	HOW LONG	
EMPLOYED BY SELF <input type="checkbox"/> <i>Or</i> OTHER <input type="checkbox"/>	NAME	NUMBER AND STREET		CITY	STATE	
			CITY	STATE	ZIP	
	TRADE OR OCCUPATION		MILITARY RANK		GROSS ANNUAL SALARY	
					\$	
NAME AND ADDRESS OF PREVIOUS EMPLOYER						
HOW LONG						
<i>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.</i>						
OTHER INCOME <small>(NOT FROM CO-SIGNER)</small>	SOURCE				MONTHLY AMOUNT	
					\$	
NEAREST RELATIVE NOT LIVING WITH YOU	NAME	FULL ADDRESS			PHONE #	
				RELATIONSHIP		
NAME AND ADDRESS OF FRIEND	NAME	FULL ADDRESS			PHONE #	
				KNOWN HOW LONG?		
BANK ACCOUNT	NAME OF BANK			CITY OF BRANCH	CHECK ALL THAT APPLY	
					CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/> NO ACCOUNT <input type="checkbox"/>	
LAST VEHICLE FINANCED OR LEASED	NAME AND ADDRESS OF BANK			BALANCE DUE	MONTHLY PAYMENTS	
				\$	\$	
OTHER CREDITORS: <small>(include finance companies, banks, credit cards, charge accounts. Include name(s) of applicant in which credit can be verified, if other than shown above.)</small>						
NAME OF ADDITIONAL CREDITOR			ADDRESS OR BRANCH			
CONTACT INFORMATION						
E-MAIL ADDRESS		HOME PHONE		CELL PHONE		
				WORK PHONE		

You certify that the above information is complete and accurate. You authorize an investigation of your credit and employment history and the release of information about your credit experience.

Customer Signature _____ **Date** _____

DIRECTIONS: Fax To: 301-921-4948 -- ATTENTION: (Your Salesperson's Name Here)
 Fax must be accompanied by a **copy of your driver's license** – (Enlarge to 200% and use the "Photo" button on your copier, if available. Alternatively, you may scan the license and e-mail as an attachment)