

Revolving Credit Agreement (application)

1. IDENTITY needs to be VERIFIED and SIGNED by the DEALER REP using an UN-EXPIRED DL# or other source. Fill in DEALER NUMBER, the INITIAL SALE AMOUNT, and DOWN PAYMENT, if any.
2. Have the APPLICANT fill in the APPLICANT INFORMATION COMPLETELY.
3. If the application will be JOINT, have the JOINT APPLICANT fill in the CO-APPLICANT section COMPLETELY
4. Have the APPLICANT list a PERSONAL REFERENCE.
5. SIGNATURES: The APPLICANT and JOINT APPLICANT, if any, must SIGN and DATE.
 - *Each customer must sign for himself or herself unless Power of Attorney is provided.
6. ACH: Have applicant COMPLETE AND SIGN the DIRECT PAYMENTS box if interested in automatic payments.

***TEAR OFF THE DISCLOSURE SECTION ON THE APPLICATION AND GIVE IT TO THE CUSTOMER.**

REVOLVING CREDIT
Each applicant may apply for individual or joint credit regardless of marital status. This application is for:

Individual Credit - complete applicant information.
 Joint Credit with Spouse as Joint Applicant - complete applicant information.
 Joint Credit with Non-Spouse as Joint Applicant - complete applicant information.

We intend to apply for joint credit

Applicant Sign Here _____ Co-Applicant Sign Here _____

DEALER USE ONLY
Applicant's identification was verified via viewing an unexpired driver's license unless one of the following is checked:
 Unexpired _____ State issued ID Card _____ Passport _____ Non-USA Security Card
 Co-Applicant's identification was verified via viewing an unexpired driver's license unless one of the following is checked:
 Unexpired _____ State issued ID Card _____ Passport _____ Social Security Card

1

Dear _____

Initial Sale \$ _____ Down Payment \$ _____

In this Agreement "you" and "your" refer to all persons applying for credit and "we", "us", and "our" refer to Dealer and its assigns.

CUSTOMER CREDIT APPLICATION

APPLICANT INFORMATION (Please Print or Print Clearly)

ACT US Case

Number _____ Date of Birth _____ Sex of Applicant _____

First Name _____ Middle _____ Last Name _____

Residence Address (No PO Box allowed) _____ Time of Residence _____
 City _____ State _____ Zip _____

Home Phone Number _____ Cell Phone Number _____

E-mail Address _____

Own _____ Monthly Mortgage Payment _____ Home Value _____
 Rent _____

Present Employer _____ Home Phone Number _____

Occupation _____ Gross Monthly Salary _____ Length of Employment _____
 (Yr) _____ (Mo) _____

Alimony, child support or any other maintenance received for the "applicant" if you are not able to provide a complete list is based on supporting IRS documents.

Other Income _____ Source _____ Monthly Amount _____

PERSONAL REFERENCE (Not Living With You)

Name _____
 Relationship _____ Home Number _____

2

CO-APPLICANT INFORMATION (For Joint Applicants Only)

Check if you are ACT US Case

Number _____ Date of Birth _____ Sex of Applicant _____

First Name _____ Middle _____ Last Name _____

Residence Address (No PO Box allowed) _____ Time of Residence _____
 City _____ State _____ Zip _____

Home Phone Number _____ Cell Phone Number _____

E-mail Address _____

Own _____ Monthly Mortgage Payment _____ Home Value _____
 Rent _____

Present Employer _____ Home Phone Number _____

Occupation _____ Gross Monthly Salary _____ Length of Employment _____
 (Yr) _____ (Mo) _____

Alimony, child support or any other maintenance received for the "applicant" if you are not able to provide a complete list is based on supporting IRS documents.

Other Income _____ Source _____ Monthly Amount _____

By signing this application, I/you consent and understand you provide to this and complete: 1) you authorize Dealer to accept this application to Auto Finance, Inc. or its assigns; 2) you authorize a full investigation and use of any reports from any source, including credit bureau reports to obtain the accuracy of information on this application, and 3) you consent to receiving included message calls from us or our agents on your personal phone. You have a working land line to keep us informed if any information on this application changes. By completing and signing this application you understand that you have authorized that we open a revolving credit account which allows you to make credit purchases on account as evidenced by a revolving credit card slip, and you agree to all the terms and conditions of the Revolving Credit Agreement. By your signature you acknowledge that you have read and read of the terms of this Agreement before making any purchase on the account. IF THIS IS A JOINT ACCOUNT YOU UNDERSTAND THAT EACH APPLICANT HAS THE JOINTLY AND SEVERALLY LIABILITY FOR ALL PURCHASES ON THE ACCOUNT. See State Notices for important information regarding this credit application and agreement. No agreement exists between us until the application is approved.

SOCIAL SECURITY NUMBER/TAXPAYER IDENTIFICATION NUMBER: Under penalty of perjury, I certify that: 1) The number shown on Page 1 of the Credit Application is my correct taxpayer identification number for the taxing year for a number in the stated tax year; 2) I am not subject to federal estate tax because I am exempt from federal estate tax or I have not been notified by the Internal Revenue Service (IRS) that I am subject to being determined as a result of a failure to report all assets or dividends or 3) the IRS has notified me that I am no longer subject to being notified and 3) I am an U.S. person (including a U.S. citizen, resident alien, or dual status alien) and I agree to report all assets and dividends on my tax return. Check and complete a 94-BEN if you qualify and are not a U.S. Person.

The Internal Revenue Service does not require you consent to any provision of this document other than the certification required to avoid being withholding.

Your Minimum Monthly Payment will be between 2% and 3% of the "Highest Monthly Charge" balance since your Monthly Charge Balance was zero since any Special Payment Plan will be shown on your billing statement, provided to the Joint Applicant, or if not, the Joint Applicant. A finance charge will be computed on your outstanding balance each month.

DO NOT SIGN BELOW UNLESS MERCHANT HAS PROVIDED THE ATTACHED 6 AND TERMS. BY YOUR SIGNATURE BELOW YOU ACKNOWLEDGE RECEIPT OF REVOLVING CREDIT AGREEMENT.

APPLICANT SIGNATURE _____ Date _____
 APPLICANT SIGNATURE _____ Date _____
 JOINT APPLICANT SIGNATURE _____ Date _____
 JOINT APPLICANT SIGNATURE _____ Date _____

3

NOTICE TO INDIVIDUAL APPLICANTS: No purchase of a motor property agreement, a unilateral statement under this title, 5700.26 or a credit device under this title, 5700.79 adversely affect the interest of the creditor unless the creditor is furnished a copy of the above, agreement, statement, or has actual knowledge of the relevant provision prior to the credit is granted. You must notify us with your spouse's name and address to the Spouse/Joint Applicant section above so we can give notice of the credit transaction by making a copy of this application. If you are married you agree that this obligation is incurred in the interest of marriage or family.

Applicant Signature _____

CREDIT REPORT NOTICE: We may request a credit report for any legitimate purpose associated with your application for credit, including credit, modifying the terms of your credit agreement, or collection on your account. Our request will include you if such a report was obtained and all you give your name and address of the credit reporting agency that furnished the report.

NOTICE: 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 the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith received any right under the Consumer Credit Protection Act. The Federal agency that administers compliance with the law concerning the creditor is the Federal Trade Commission.

Delinquency penalties: Service charges will be assessed if these penalties by law will be charged on the outstanding balances from month to month.

Financial penalties: Finance charges will be made in amounts or at rates not in excess of those permitted by law.

ASSIGNMENT: Should Auto Finance, Inc. (AFCI) assign your account as a result of our credit application, AFCI may further assign your credit transaction to a credit asset which may require you to be a member. In that event, and by signing this application, you agree to the terms of membership as set forth below.

I apply for membership in and agree to the terms and conditions as provided, and I agree to continue to the terms and any amendments of any credit which account assignment of my credit transaction. I authorize the credit asset to use my account, credit, and employment history, and to obtain a credit report on me or on the future. I understand that this will cause the credit asset, for example, in determining eligibility and pricing eligibility by your Account number in connection with making future credit opportunities available to me. This is not a member account. If the credit asset is deposited by the credit asset, I will be notified if an additional deposit or loan is added to my membership within one year of membership date. It is agreed that if more than one person signs this application, the account is jointly held by the parties named herein. Upon the death of any of them, surviving or of funds in the account are passed to the survivor.

AUTHORIZATION FOR DIRECT PAYMENT

I hereby authorize the initiation of a periodic deduction from my account at the financial institution named below through the ACH system and authorize said institution to debit my account for the amount and at the frequency set forth below. Authorization request does not include the provisions of United States law as it applies to automatic payments. I understand I have a right to stop the automatic payment by the institution named below or ACH on mailing at least three (3) business days my account is scheduled to be charged and that there may be a fee for further I agree that AFCI will require this authorization after each stop-payment authorization (SP) stop. This will be a processed stop payment on the same financial institution I may, however, establish a new preauthorized payment from the same financial institution or company in the future. I also authorize payment orders in the event of automatic transactions on my account. I agree to hold AFCI harmless for any amounts, including finance charges as a result of its inability to process a scheduled preauthorized payment due to my having supplied incorrect information, in having acted on a stop payment order, or being being transferred funds in the account I have named.

Monthly Payment _____
 Day of Month for Withdrawal _____ Month First Payment to be Debit _____
 Bank Name _____
 Bank Address _____

IMPORTANT: PLEASE ATTACH A VOIDED CHECK WITH CORRECT ENDORSEMENT INFORMATION
 Bank Routing Number _____
 Checknumber Account Number _____
 Type of Account: Checking Savings

Signature of Depositor _____ (if not account, then must apply)

I would like to receive my monthly account statements by email and have access to pay my bill online. APPROVAL: 5/1/2013 10:23

6

