



Nationwide
CAC/Cassel
(773) 777-7600
(773) 777-9404 Fax

APPLICATION FOR SECURED CREDIT

DEALER		DEALER FAX #
DATE	FINANCE PERSON	DEALER PHONE ()

A. INFORMATION ABOUT APPLICANT

Check **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 Only Section A).
 Joint Credit - We intend to apply for joint credit (Complete Sections A and B). Applicant Initials: _____ Co-applicant Initials: _____
 Appropriate Relationship to joint applicant or other party, if any _____
 Box **Individual Credit** - 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 Sections A and B).

PRINT FULL NAME			FIRST	MIDDLE	LAST	SOC. SEC. NO.		DATE OF BIRTH			
PRESENT ADDRESS			NUMBER AND STREET		CITY	STATE	ZIP CODE	PHONE OR CONTACT # ()		LIVE THERE	
PREVIOUS ADDRESS			NUMBER AND STREET		CITY	STATE	ZIP CODE	CELL # ()		LIVE THERE	
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 \$				
DO NOT COMPLETE IF THIS IS AN APPLICATION FOR AN INDIVIDUAL ACCOUNT <input type="checkbox"/> MARRIED <input type="checkbox"/> UNMARRIED INC. DIVORCED <input type="checkbox"/> SEPARATED <input type="checkbox"/> SINGLE/DIVORCED/WIDOWED							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
LAST CAR BOUGHT		BOUGHT FROM	MONTHLY PMT
YR.	MAKE	FINANCE CO/BANK	<input type="checkbox"/> OPEN <input type="checkbox"/> CLOSED
DATE			

ARE YOU OBLIGATED TO MAKE ALIMONY OR CHILD SUPPORT PAYMENTS? YES NO MONTHLY AMOUNT \$ _____

HAVE YOU EVER GONE THROUGH BANKRUPTCY OR CHAPTER 13? YES NO IF YES, WHEN? _____

ARE YOU A CO-SIGNER, ENDORSER OR GUARANTOR FOR OTHERS? YES NO IF YES, EXPLAIN _____

B. INFORMATION ABOUT AUTOMOBILE

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

B. INFORMATION ABOUT JOINT APPLICANT

PRINT FULL NAME			FIRST	MIDDLE	LAST	SOC. SEC. NO.		DATE OF BIRTH			
PRESENT ADDRESS			NUMBER AND STREET		CITY	STATE	ZIP CODE	PHONE OR CONTACT # ()		LIVE THERE	
PREVIOUS ADDRESS			NUMBER AND STREET		CITY	STATE	ZIP CODE	CELL # ()		LIVE THERE	
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 ()		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
LAST CAR BOUGHT		BOUGHT FROM	MONTHLY PMT
YR.	MAKE	FINANCE CO/BANK	<input type="checkbox"/> OPEN <input type="checkbox"/> CLOSED
DATE			

ARE YOU OBLIGATED TO MAKE ALIMONY OR CHILD SUPPORT PAYMENTS? YES NO MONTHLY AMOUNT \$ _____

HAVE YOU EVER GONE THROUGH BANKRUPTCY OR CHAPTER 13? YES NO IF YES, WHEN? _____

ARE YOU A CO-SIGNER, ENDORSER OR GUARANTOR FOR OTHERS? YES 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 your property, whether or not accepted. We are authorized to make all inquiries we deem necessary to verify the accuracy of the statements made herein, and to determine your creditworthiness by procuring consumer reports from consumer reporting agencies and credit information from other financial institutions and extenders of credit, references, present and former employers, merchants, landlords and creditors. We are authorized to answer questions about our credit experience with you. We report all accounts to the credit bureau. Please contact us if you feel there has been an error.

Your privacy is important to us. You may obtain a copy of the Nationwide Privacy Policy by calling us at **800.622.7605**

As permitted by law, we may share information about our transactions and experiences with you with other companies affiliated with Nationwide and unaffiliated third parties including consumer reporting agencies and other creditors. However, we may not share with companies affiliated with Nationwide 1) other information (such as from your application or consumer report or from other third parties) or 2) any personal information (including transaction and experience information) for marketing purposes; if you tell us not to share this information. To limit sharing information with our affiliates 1) except as permitted by law and/or 2) for marketing purposes, you can notify us by calling 1-773-777-7600 or by writing to: Nationwide, 3435 N. Cicero Ave., Chicago, IL 60641. Please include your name, address and social security number so that we can honor this request.

APPLICANT SIGNATURE _____ DATE _____

JOINT APPLICANT SIGNATURE _____ DATE _____