



Nationwide
WEST LLC
 (888) 209-4447
 ® (888) 677-0650 Fax

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 Appropriate Box | <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). |
| | <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: _____ Relationship to joint applicant or other party, if any _____ |
| | <input type="checkbox"/> 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 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 # () | | LIVE THERE YEARS MONTHS |
| NO. OF DEP. | RENT BY MO. <input type="checkbox"/> | LEASE <input type="checkbox"/> | OWN <input type="checkbox"/> | LANDLORD OR MORTGAGE HOLDER NAME | | | MO. PYMT. OR RENT \$ | |
| DO NOT COMPLETE IF THIS IS AN APPLICATION FOR AN INDIVIDUAL ACCOUNT | | | E-MAIL ADDRESS | | | DRIVERS LICENSE NO. | | |
| <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED | | | <input type="checkbox"/> UNMARRIED INCLUDING SINGLE/DIVORCED/WIDOWED | | | | | |
| 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 EVER GONE THROUGH BANKRUPTCY OR CHAPTER 13? | | | <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 | \$ _____ | MAKE | YEAR | BODY STYLE | MODEL | MODEL TYPE | | |
| INCLUDING SALES TAX | \$ _____ | COLOR | VIN NO. | | | | | |
| TRADE ALLOWANCE | \$ _____ | Trade-in | YEAR | MAKE | MODEL | | | |
| TRADE PAY OFF | \$ _____ | | | | | | | |
| CASH DOWN | \$ _____ | | | | | | | |
| TOTAL DOWN PAYMENT | \$ _____ | | | | | | | |
| UNPAID BALANCE | \$ _____ | ODOMETER _____ | | | | | | |
| WARRANTY | \$ _____ | | | | | | | |
| GAP | \$ _____ | | | | | | | |
| BALANCE TO FINANCE | \$ _____ | | | | | | | |

APPLICATION FOR SECURED CREDIT (continued)

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|--|--------------------------------------|----------------------------------|------------------------------|---|-------------|---------------------------|-----------------------------|---|--|---------------------------|----------------------------|--------------------------|--|
| 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 # () | LIVE THERE | | |
| NO. OF DEP. | RENT BY MO. <input type="checkbox"/> | LANDLORD OR MORTGAGE HOLDER NAME | | | | MO. PYMT. OR RENT \$ | | | | | | | |
| LEASE <input type="checkbox"/> | | | OWN <input type="checkbox"/> | | | 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 | | BUS. PHONE NO () | | HOW LONG YEARS 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 EVER GONE THROUGH BANKRUPTCY OR CHAPTER 13? | | | | <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**

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.

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 _____