



Nationwide
NEVADA 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. LEASE <input type="checkbox"/> OWN <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 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		\$		ODOMETER _____				
CASH DOWN		\$						
TOTAL DOWN PAYMENT		\$						
UNPAID BALANCE		\$						
WARRANTY		\$						
GAP		\$						
BALANCE TO FINANCE		\$						

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 # ()		LIVE THERE					
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 \$			
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 or by going to the Nationwide website www.nac-loans.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 _____