

CREDIT APPLICATION

Autowise Buying Services, Inc.

Account #: _____

Applicant Information

Amount Requested: \$ _____

Name (Last, First, MI)	Date of Birth (MM/DD/YYYY)	Social Security Number (000-00-0000)

Email Address

Home Phone (000-000-0000)	Work Phone (000-000-0000)

Current Address	City	State	Zip Code

Rent
 Own Monthly Rent \$ _____ # of Years at Current Address _____

Driver's License Number	State of Issue	Expiration Date

Name of Employer	How Long?

Address of Employer (City, State, Zip)

NOTICE: Alimony, child support or separate maintenance income need not be revealed if you do not choose to have it considered.

<input type="text"/> Gross Employment Income	<input type="checkbox"/> Per Month <input type="checkbox"/> Salary	<input type="text"/> Other Income	<input type="checkbox"/> Per Month <input type="checkbox"/> Salary
---	---	--------------------------------------	---

What is the face value of your current life insurance? _____ How much does your current disability insurance pay? \$ _____

When was the last time your current financial position including insurance was reviewed by a professional? _____

You understand that when applicable, a Personal Identification Number (PIN) may be issued. This PIN, when validated will allow you, the co-applicant and any authorized users, to access your credit union's CREDIT CARD/CHECK CARD accounts through participating Automated Teller Machine (ATM) networks, subject to the terms and disclosures of the Credit Card Agreement and the Electronic Funds Transfer Disclosure for CREDIT CARD/CHECK CARD. You understand that use of your CREDIT CARD/CHECK CARD will constitute acknowledgement of receipt and agreement to the terms of the CREDIT CARD/CHECK CARD disclosures.

You also promise that everything you have stated in this application is correct to the best of your knowledge. If there are any important changes you will notify us in writing immediately. You authorize the credit union to obtain credit reports in connection with this application for credit and for any update, renewal, extension, or collection of the credit received. You understand that the credit union will rely on the information in this application and your credit report to make its decision. If you request, the credit union will tell you the name and address of any credit bureau from which it received a credit report on you. You understand that it is a federal crime to willfully and deliberately provide incomplete or incorrect information on loan applications made to State Chartered Credit Unions insured by NCUA.

- We (Applicant and Co-Applicant) intend to apply for joint credit *Co-Applicant must fill out second page of form and sent along with applicant information.*
 I, Applicant, will have a Co-Signer. *Co-Signer must fill out second page of form and sent along with applicant information*

Credit Union Use Only

Applicant's Signature Date

Co-Applicant/Signer's Signature Date

Signing below, you pledge to us and grant us a security interest in all share accounts with us, to secure your credit card agreement. You authorize us to apply the balance in these accounts to pay any amounts due under this agreement if you should default.

Applicant's Signature Date

Co-Applicant/Signer's Signature Date

Date	Approved	\$ _____	Limits	\$ _____	LOC Signature	\$ _____	Other	\$ _____	Other
Advance Approved <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Counter offer will be made <input type="checkbox"/> Accepted advance approved									
Describe Counter Offer: _____									
Specific Reasons for Rejection: _____									
Signatures: _____					Date: _____				

Co-Applicant Co- Signer Information

Applicant's Name:

--	--	--

Name (Last, First, MI)

Date of Birth (MM/DD/YYYY)

Social Security Number (000-00-0000)

--

Email Address

--

Home Phone (000-000-0000)

Work Phone (000-000-0000)

--	--	--	--

Current Address

City

State

Zip Code

Rent

Own

Monthly Rent \$ _____

of Years at Current Address _____

--	--	--

Driver's License Number

State of Issue

Expiration Date

--	--

Name of Employer

How Long?

--

Address of Employer (City, State, Zip)

NOTICE: Alimony, child support or separate maintenance income need not be revealed if you do not choose to have it considered.

--

Per Month
 Salary

Gross Employment Income

--

Per Month
 Salary

Other Income

What is the face value of your current life insurance? _____ How much does your current disability insurance pay? \$ _____

When was the last time your current financial position including insurance was reviewed by a professional? _____

Please Email or Fax this information to:

Autowise Buying Services, Inc

Email: autowisecars@yahoo.com

Fax: (Main) 850-523-4228

If you have any questions, please call:

Phone: 850-445-5723

Hours: 9-6 M-F / 10-4 Sat