

The Federal Equal Credit Opportunity Act requires that you retain this Application in your files for 25 months after the date you give the applicant(s) notice of action taken on this Application.



Is this a joint application YES NO. If "YES", applicant 1 should fill in spaces marked 1 and applicant 2 spaces marked 2. If any information is the same for both applicants 2 may write in "SAME".

NAME		BIRTHDATE	DEP.	PHONE NUMBER	SOCIAL SECURITY NUMBER			
1								
2								
ADDRESS		CITY	STATE	ZIP	HOW LONG	PREVIOUS ADDRESS (IF CURRENT LESS THAN 5 YEARS)		
1								
2								
EMPLOYER (NAME/ADDRESS)		BUS. PHONE	POSITION	HOW LONG	BADGE NO.	GROSS. MO. SALARY	PREV. EMPLOYER	HOW LONG
1								
2								
OTHER INCOME: 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.					SOURCE (NAME/ADDRESS)		MO. AMOUNT	
					1			
					2			

PROPERTY INFORMATION: IF PROPERTY IS OWNED AND TAXES ARE NOT INCLUDED IN THE MONTHLY PAYMENT, LIST ANNUAL TAXES PAID IN THE SPACE PROVIDED BELOW.

1	<input type="checkbox"/> OWN <input type="checkbox"/> RENT	MO. PAYT.	ANNUAL TAXES	MORTGAGE BAL.	MORTGAGE HOLDER	CHECKING ACCT. AT	SAVINGS ACCT. AT
2	<input type="checkbox"/> OWN <input type="checkbox"/> RENT						

LIST ALL DEBTS TO BANKS, STORES, FINANCE COMPANIES, CREDIT UNIONS AND OTHERS. INCLUDE ALL OBLIGATIONS TO PAY ALIMONY, CHILD SUPPORT OR SEPARATE MAINTENANCE.

APPLICANT 1's CREDITORS		MO. PAYT.	BALANCE	APPLICANT 2's CREDITORS		MO. PAYT.	BALANCE
AUTO (YEAR/MAKE)				AUTO (YEAR/MAKE)			
1				1			
2				2			
3				3			
4				4			
5				5			
6				6			

HAVE YOU EVER GONE THROUGH BANKRUPTCY?
APPL. 1 YES NO APPL. 2 YES NO

HAVE YOU EVER HAD JUDGEMENTS OR GARNISHMENTS AGAINST YOU?
APPL. 1 YES NO APPL. 2 YES NO

NEAREST RELATIVE NOT LIVING WITH YOU. (NAME/ADDRESS) (TO BE ANSWERED BY EITHER APPLICANT)

Name(s) to appear on certificate of title: _____

To Manufacturers and Traders Trust Company:

INFORMATION. All information given in this application is true, correct and complete, and is given for the purpose of obtaining credit from you. I authorize you to verify any information given in this application. In addition, I authorize you to obtain any information you feel is necessary in connection with this application or in connection with any review, update, renewal or collection of any credit you extend as a result of this application. Finally, I authorize you to give information about me and your credit experience with me to others such as banks, stores and credit reporting agencies.

CREDIT REPORTS. I understand you may request a credit report on me from a credit reporting agency in connection with this application or in connection with any update, extension or renewal of any credit you extend as a result of this application. In addition, I understand that, if I ask, you will tell me if a credit report was requested, and if so, the name and address of the credit reporting agency furnishing the report.

KEEPING APPLICATION. I agree that you may keep this application whether or not you approve it.

ACKNOWLEDGEMENT. I acknowledge receipt of a Notice Regarding Credit Reports.

APPLICANT 1 SIGNATURE _____ APPLICANT 2 SIGNATURE _____ DATE _____

This section for bank/dealer use only.

Dealer	Salesperson	Time	Date	Phone
Vehicle description: <input type="checkbox"/> New, <input type="checkbox"/> Demo, <input type="checkbox"/> Used.		Price (- Disc, + Tax)	\$ _____	Term _____
Mileage _____	Cyl. _____	Warranty	+ \$ _____	Residual Value \$ _____
Year _____	Automatic <input type="checkbox"/>	Allowance \$ _____		Insurance \$ _____
Make _____	Power Steering <input type="checkbox"/>	Close-Out - \$ _____		Life <input type="checkbox"/>
Model _____	Air Conditioning <input type="checkbox"/>	Cash Down + \$ _____		Life & A/H <input type="checkbox"/>
Body _____	Van Conversion <input type="checkbox"/>	Total Down - \$ _____		None <input type="checkbox"/>
Trade-in _____	Vinyl Roof <input type="checkbox"/>	Balance \$ _____		
	4 Wheel Drive <input type="checkbox"/>			
	AM/FM <input type="checkbox"/>			
	Other _____ <input type="checkbox"/>			
	Other _____			

THIS NOTICE BELOW MUST BE TORN OFF AND GIVEN TO THE APPLICANT(S). IF THE INFORMATION IS TAKEN OVER THE PHONE, THE NOTICE MUST BE READ TO THE APPLICANT(S) IN ITS ENTIRETY.

IL-329A (12/94)

NOTICE REGARDING CREDIT REPORTS. In connection with your application or any update, extension or renewal of any credit we extend you as a result of the application, a credit report may be requested from a credit reporting agency. Upon request, we will tell you if a credit report was requested and, if so, the name and address of the credit reporting agency furnishing the credit report. To request the information, call (716) 848-4444 or write Manufacturers and Traders Trust Company, P.O. Box 767, Buffalo, New York 14240, Attn: Consumer Credit Processing