

**Hodges
Westside Truck
Center Inc.**

**11201 South Grant Highway
Marengo, IL. 60152
815-923-0100**

Financial Entity Submitted To: _____
Dealer ID# _____

APPLICANT INFORMATION										
Name		Address			City		State	Zip	Years at Address	
Social Security Number		DOB / /		Home Phone Number () -		<input type="checkbox"/> Own	<input type="checkbox"/> Rent	<input type="checkbox"/> Other		
Previous Address (if less than 2 years)		Address			City		State	Zip	Years at Address	
Number of Family Members		Nearest Realative (excluding spouse)			City		State			
Employer			Position			Self Employed		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Years There
Employer Address			City		State	Zip		Business Phone Number () -		
Previous Employer (if less than 2 years)			Position			Self Employed		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Years There

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.

CO-APPLICANT INFORMATION										
Name		Address			City		State	Zip	Years at Address	
Social Security Number		DOB / /		Home Phone Number () -		<input type="checkbox"/> Own	<input type="checkbox"/> Rent	<input type="checkbox"/> Other		
Previous Address (if less than 2 years)		Address			City		State	Zip	Years at Address	
Number of Family Members		Nearest Realative (excluding spouse)			City		State			
Employer			Position			Self Employed		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Years There
Employer Address			City		State	Zip		Business Phone Number () -		
Previous Employer (if less than 2 years)			Position			Self Employed		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Years There

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.

OTHER INFORMATION										
Are you a U.S. Citizen?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Applicant's Monthly Wage		<input type="checkbox"/> Salary		<input type="checkbox"/> Other	\$	
Are you a defendant in a legal action or suit?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Co-Applicant's Monthly Wage		<input type="checkbox"/> Salary		<input type="checkbox"/> Other	\$	
Do you guarantee any debt not shown below?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Other					\$	
Have you ever declared bankruptcy?		<input type="checkbox"/> Yes	<input type="checkbox"/> No							

YOUR CREDIT PROFILE				DEAL STRUCTURE (Dealer Use Only)			
YOUR ASSETS		CURRENT VALUE	BALANCE OWING	Year:	Make:	Model:	Type:
Auto-Year/Make/Model		\$	\$	Selling Price	\$	Mileage:	New <input type="checkbox"/> Used <input type="checkbox"/>
Primary Residence				Invoice / Wholesale Cost (NADA):			
Date if Purchase / / Cost \$		\$	\$	Sls. Tax/Fees	\$		
Other Real Estate Owned		\$	\$	Trade Allow.	\$	Description of Trade:	
Other Assets (describe)		\$	\$	(Less Owing)	\$	Make:	Type:
Cash in Banks / 401K		\$	Total Liabilities	Cash Down	\$	Model:	Year:
Total Assets		\$	\$	Amt. Financed	\$	Ext. Warranty \$	
						Term:	Est. Pymt. \$

FAIR CREDIT REPORT ACT DISCLOSURE: This application for credit may be submitted by the Dealer to various financial institutions. Before this application is submitted, the Dealer will disclose to me, the name and address of the institution (s) who will receive copies of this application.

You agree that we and any assignee of the financing contract or lease may monitor and record telephone calls regarding your account to assure the quality of our service or for other reasons. You agree that we and our assignees may try to 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 try to 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. You (1) make the above representations, which are certified correct, for the purpose of securing credit; (2) authorize us, affiliated entities, and financial institutions to whom we submit your application (hereinafter "Financial Institutions") to obtain consumer credit reports and to gather employment history as necessary and appropriate to determine your creditworthiness; (3) understand that we or the Financial Institutions will retain this application whether or not it is approved, and that it is your responsibility to update changes of name, address or employment.

We intend to apply for joint credit. Applicant _____ Co-Applicant _____ (initials only)
By signing below, I certify that I have read and agree to the terms of this application including terms on page 2.

Applicant's Signature _____ Date _____ Co-Applicant's Signature _____ Date _____

CONSUMER NOTICES BY STATE

Notice to California Residents: IF MARRIED YOU MAY APPLY FOR CREDIT SEPARATELY AS AN INDIVIDUAL.

Notice to Maine, Rhode Island, and Tennessee Residents: You must have physical damage insurance covering loss or damage to the vehicle for the term of any contract. For a lease, you must also have the liability insurance described in the lease. You may buy this insurance from anyone you choose. You do not have to buy it from someone affiliated with the dealer or an assignee of this contract. Your choice of insurance will not affect the credit approval process unless the insurance does not satisfy the contract requirements or the insurance company does not satisfy the reasonable standards of the dealer or an assignee of the contract.

Notice to New Hampshire Residents: If you are applying for a balloon payment contract, you are entitled, if you ask, to receive a written estimate of the monthly payment amount for refinancing the balloon payment in accord with the creditor's existing refinance programs. You would be entitled to receive the estimate before you enter into a balloon payment contract. A balloon contract is an installment sale contract with a final scheduled payment that is at least twice the amount of one of the earlier scheduled equal periodic installment payments.

Notice to New York Residents: Consumer reports may be requested in connection with this application. Upon request, you will be informed whether or not a consumer report was requested and, if it was, of the name and address of the consumer reporting agency that furnished the report. Additional consumer reports may be requested with respect to any extension or renewal of this obligation.

Notice to Ohio Residents: 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.

Notice to Rhode Island Residents: Consumer reports may be requested in connection with this application.

Notice to Wisconsin Residents:

Please Indicate: Married
 Unmarried (includes single, divorced, widowed)
 Separated

If married or separated and spouse is not a co-applicant please provide:

Non-applicant spouse's name _____

Non-applicant spouse's address _____

Notice: The interest of the creditor will not be adversely affected by a provision of a marital property agreement, a unilateral statement under Wisconsin Statutes § 766.59 or a court decree under Wisconsin Statutes § 766.70, unless you furnish a copy of such agreement, statement or decree to the creditor, or the creditor has actual knowledge of such provision before credit is granted.

NON-APPLICANT SPOUSE'S WAIVER OF NOTICE: I agree to waive notice of any extension of credit in connection with this application.

Non-applicant spouse signs (if available) _____ Date _____

NEAREST RELATIVE OR FRIEND NOT LIVING WITH YOU:

NAME _____

ADDRESS _____ PHONE _____