

Business Credit Application

A. Dealer Information

Dealer Name	Phone #	Contact Name
Vendor ID #	Email Address	Fax #

B. Applicant Information

Company Name	Tax ID #	Contact Name
Company Address	Email Address	Phone #

C. Indicate Type of Business

<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other	Non-Profit Organization <input type="checkbox"/> Yes <input type="checkbox"/> No
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D. Co-applicant Information

Last Name		First Name		Middle Initial		Social Security Number		Birth Date	
Address				Apt #/Suite #	P.O. Box	Rural Route		City	State Zip
Home Phone	Cell Phone	Residential Status <input type="checkbox"/> Homeowner <input type="checkbox"/> Rent <input type="checkbox"/> Family <input type="checkbox"/> Other				How Long? ___Yrs. ___Mos.		Rent/mtg. Pmt.	
Email Address			Driver's License Number			Driver's License State		Time at Prior Address ___Yrs. ___Mos.	
Previous Full Address (If less than 2 years)				Apt #/Suite #	P.O. Box	Rural Route		City	State Zip
Employer Name			Employment Type <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Military <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Other						
Salary	Salary Type <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually				Occupation		Length of Employment ___Yrs. ___Mos.		Work Phone
Previous Employer Name			Previous Employment Type <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Military <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Other						
Previous Occupation					Length of Employment ___Yrs. ___Mos.		Previous Work Phone		
Alimony, child support or separate maintenance income need not be revealed if you do not choose to have it considered as a basis for repaying this obligation.									
Other Income (monthly)					Source of Other Income				
Comments									

E. 12-Month Delivery Forecast

Replacement Vehicles # _____	Additional Vehicles # _____	Average Vehicle Price _____
Expected Delivery Date _____		

USA Patriot Act Notice -- IMPORTANT INFORMATION ABOUT NEW ACCOUNT PROCEDURES

To help the United States Government fight terrorism and money laundering, Federal Law requires us to obtain, verify and record information that identifies each business or entity, which opens an account or establishes a relationship. For you, this means: when you open an account or establish a relationship, we will ask for your business name, a street address and a tax identification number or other documents that will assist us to identify and verify your business. The undersigned applicant irrevocably and continuously authorizes Santander Consumer USA dba Chrysler Capital to obtain from and provide to third persons any and all types of information concerning the applicant, including, without limitation, credit, financial and business information.

Chrysler Capital is committed to Fair Lending and treating consumers, customers and vendors with the utmost respect and fairness. Under the Equal Credit Opportunity Act (ECOA), Chrysler Capital is prohibited from discriminating in any aspect of the credit transaction. Prohibited bases are: sex, marital status, race, color, religion, national origin, age (provided the applicant is of legal age), income derived from public assistance and the fact that the applicant has—in good faith—exercised any right under the Consumer Protection Act (i.e. the right to lodge a complaint). We recommend you make and retain a copy of our Privacy Policy.

Signed _____	Date _____	Legal Name of Applicant _____
By _____	Name _____	Title _____
Signature	Name	Title

Business Credit Application

A. Dealer Information

Dealer Name Friendly CDJR	Phone # (407) 333-3131	Contact Name Larry Holden
Vendor ID # 1234	Email Address abaker@friendlycdjr.com	Fax # (407) 333-3000

B. Applicant Information

Company Name ABC Construction LLC	Tax ID # 123-45-6789	Contact Name John Smith
Company Address 400 Future Drive, Orlando, FL 32888	Email Address abcconstruction@aol.com	Phone # (407) 444-4444

C. Indicate Type of Business

<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Other	Non-Profit Organization <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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D. Co-applicant Information

Last Name Smith	First Name John	Middle Initial m	Social Security Number 000-00-0000	Birth Date 06/12/1970			
Address 1234 Elm Street		Apt #/Suite #	P.O. Box	Rural Route	City Orlando	State FL	Zip 32282
Home Phone (407) 432-3432	Cell Phone (407) 655-4444	Residential Status <input checked="" type="checkbox"/> Homeowner <input type="checkbox"/> Rent <input type="checkbox"/> Family <input type="checkbox"/> Other			How Long? 3 Yrs. 0 Mos.	Rent/mtg. Pmt. \$ 1,800.00	
Email Address abcconstruction@aol.com		Driver's License Number xx-xxxx-xxxx		Driver's License State FLORIDA		Time at Prior Address 1 Yrs. 0 Mos.	
Previous Full Address (If less than 2 years) 1234 Oak Street		Apt #/Suite #	P.O. Box	Rural Route	City Orlando	State FL	Zip 32533
Employer Name Owner of ABC Construction		Employment Type <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input checked="" type="checkbox"/> Self-Employed <input type="checkbox"/> Military <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Other					
Salary \$ 58,000.00	Salary Type <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Annually			Occupation Presiden and Owner	Length of Employment 13 Yrs. 5 Mos.		Work Phone (407) 432-6464
Previous Employer Name N/A		Previous Employment Type <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Military <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Other					
Previous Occupation N/A			Length of Employment ____Yrs. ____Mos.		Previous Work Phone		
Alimony, child support or separate maintenance income need not be revealed if you do not choose to have it considered as a basis for repaying this obligation.							
Other Income (monthly)				Source of Other Income			
Comments							

E. 12-Month Delivery Forecast

Replacement Vehicles # <u>2</u>	Additional Vehicles # <u>5</u>	Average Vehicle Price <u>\$ 24,000.00</u>
Expected Delivery Date <u>March 1, 2017</u>		

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Signed <u>ABC Construction LLC</u>	Date <u>01/01/2017</u>	ABC Construction LLC
		Legal Name of Applicant
By <u>John Smith</u>	John Smith	President
Signature	Name	Title