

# BUSINESS CREDIT APPLICATION

Retail      Lease

## A. DEALER INFORMATION

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

## B. APPLICANT INFORMATION

Company Name	Tax ID #	Contact Name
DBA or Trade Name of Business	Parent Company or Subsidiaries and Tax ID # (if applicable)	
Company Address	Email Address	Phone Number
State of Incorporation	Listed in Dun & Bradstreet? Yes      No	DUNS Number
Officer/Title	% of Ownership	
Officer/Title	% of Ownership	
Officer/Title	% of Ownership	

## C. TYPE OF BUSINESS

Sole Proprietorship	Partnership	Corporation	LLC	Other	Non-Profit Organization	Yes	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
Home Phone	Cell Phone	Residential Status Homeowner      Rent      Family      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
Employer Name	Employment Type Employed      Unemployed      Self-Employed      Military      Retired      Student      Other			
Salary	Salary Type Weekly      Bi-Weekly      Monthly      Annually	Occupation	Length of Employment ____Yrs. ____Mos.	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		

## 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 Stellantis Financial Services 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.

Stellantis Financial Services is committed to Fair Lending and treating consumers, customers and vendors with the utmost respect and fairness. Under the Equal Credit Opportunity Act (ECOA), Stellantis Financial Services 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 review and retain a copy of our Privacy Policy.

Signed _____	Date _____	_____
		Legal Name of Applicant (Business)
By _____	_____	_____
Signature	Name (Officer or CoApplicant)	Title

## DEMOGRAPHIC INFORMATION

Federal law requires that we ask if a small business applicant is a minority-owned business or a women-owned business. Federal law also requires us to ask small business applicants for their principal owners' ethnicity, race and sex.

Applicants are not required to provide this information but are encouraged to do so. We collect this information to help ensure that all small business applicants are treated fairly and that communities' small business credit needs are being fulfilled.

Employees and officers making determinations concerning an application, such as loan officers and underwriters may have access to the information provided on this form. However, we cannot discriminate on the basis of minority-owned business status, women-owned business status, or a principal owner's ethnicity, race, or sex. Additionally, we cannot discriminate on the basis of whether an applicant provides this information.

### MINORITY-OWNED BUSINESS STATUS

For purposes of this form, an applicant is a minority-owned business if one or more minority individuals (i) directly or indirectly own or control more than 50% of the business and (ii) receive more than 50 percent of the net profits of the business.

A minority individual is a natural person who is Hispanic or Latino, American Indian or Alaska Native, Asian, Black or African American, or Native Hawaiian or Other Pacific Islander. A multi-racial or multi-ethnic individual is a minority individual for this purpose.

#### Is the applicant a minority-owned business?

Yes      No      I do not wish to provide this information.

### WOMEN-OWNED BUSINESS STATUS

For purposes of this form, an applicant is a women-owned business if one or more women (i) directly or indirectly own or control more than 50% of the business and (ii) receive more than 50% of the new profits of the business.

#### Is the applicant a woman-owned business?

Yes      No      I do not wish to provide this information.

### NUMBER OF PRINCIPAL OWNERS

For purposes of this form, a principal owner is any natural person who owns 25% or more of the equity interest of a business. An applicant might not have any principal owners if, for example, it is not directly owned by any natural persons (i.e., if it is owned by another entity or entities) or if no natural person directly owns at least 25% of the business.

#### The number of the applicant's principal owners:

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## Demographic information about principal owners

Applicants are not required to provide this information, but are encouraged to do so. We cannot discriminate on the basis of a principal owner's ethnicity, race or sex. Additionally, we cannot discriminate on the basis of whether an applicant provides the information.

If a small business applicant does not provide ethnicity, race, or sex information for at least one of its principal owners and we meet with a principal owner in person or via electronic medical with an enabled video component, Federal law requires us to report at least on principal owner's ethnicity and race based on visual observation and/or surname.

Please fill out one sheet for each principal owner.

### ETHNICITY (Check one or more)

#### Hispanic or Latino

Cuban

Mexican

Puerto Rican

Other Hispanic or Latino (*Print origin, for example Argentinean, Columbian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on*):

#### Not Hispanic or Latino

I do not wish to provide this information

### RACE (Check one or more)

**American Indian or Alaska Native** (*Print name of enrolled or principal tribe*):

#### Asian

Asian Indian

Chinese

Filipino

Japanese

Korean

Vietnamese

Other Asian (*Print race, for example, Cambodian, Hmong, Laotian, Pakistani, Thai, and so on*):

#### Black or African American

African American

Ethiopian

Haitian

### SEX (Check one or more)

Male

Female

I prefer to self-identify as:

I do not wish to provide this information

Jamaican

Nigerian

Somali

Other Black or African American (*Print race, for example, Barbadian, Ghanaian, South African, and so on*):

#### Native Hawaiian or Other Pacific Islander

Guamanian or Chamorro

Native Hawaiian

Samoan

Other Pacific Islander (*Print race, for example, Fijian, Tongan, and so on*):

White

I do not wish to provide this information