

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 checked="" type="checkbox"/> Other		How Long?		Rent/mtg. Pmt.	
						___ Yrs. ___ Mos.			
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			Occupation			Length of Employment		Work Phone
	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually						___ Yrs. ___ Mos.		
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			Previous Work Phone		
				___ Yrs. ___ Mos.					
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 _____	Signature	Name
		Title

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 abconstruction@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 abconstruction@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 checked="" 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) 432-6164		
Previous Employer Name N/A			Previous Employment Type <input checked="" 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 #	2	Additional Vehicles #	5	Average Vehicle Price	\$ 24,000.00
Expected Delivery Date	March 1, 2017				

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

CONFIDENTIAL, FOR SAMPLE PURPOSES ONLY.



Application Type: <input type="radio"/> Individual <input type="radio"/> Business	Transaction Type: <input type="radio"/> Retail <input type="radio"/> Lease <input type="radio"/> Balloon	Dealer Number
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APPLICANT INFORMATION

Last Name (or trade name of business)		First	Middle Initial	Suffix (Jr.)	Date of Birth	Soc. Sec. # (or Tax ID #)
Home (or business) Phone Number	Cell Phone Number	Type of Enterprise <input type="radio"/> Corporation <input type="radio"/> Partnership <input type="radio"/> LLC <input type="radio"/> Proprietorship		Type of Business	Years in Business Years Months	
E-Mail Address		Present Address			Zip Code	City State
Time at Present Address Years Months		Residence Type <input type="radio"/> Owns Outright <input type="radio"/> Buying <input type="radio"/> Renting/Leasing <input type="radio"/> Family <input type="radio"/> Other				Monthly Rent/Mortgage Payment

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.

Present Job Title		Present Employer		Employer Phone Number	
Time at Present Job Years Months		Gross Income	Income Received <input type="radio"/> Monthly <input type="radio"/> Yearly		

CO-APPLICANT INFORMATION

Last Name (or trade name of business)		First	Middle Initial	Suffix (Jr.)	Date of Birth	Soc. Sec. # (or Tax ID #)
Home (or business) Phone Number	Cell Phone Number	Type of Enterprise <input type="radio"/> Corporation <input type="radio"/> Partnership <input type="radio"/> LLC <input type="radio"/> Proprietorship		Type of Business	Years in Business Years Months	
E-Mail Address		Present Address			Zip Code	City State
Time at Present Address Years Months		Residence Type <input type="radio"/> Owns Outright <input type="radio"/> Buying <input type="radio"/> Renting/Leasing <input type="radio"/> Family <input type="radio"/> Other				Monthly Rent/Mortgage Payment

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.

Present Job Title		Present Employer		Employer Phone Number	
Time at Present Job Years Months		Gross Income	Income Received <input type="radio"/> Monthly <input type="radio"/> Yearly		

DEALER USE ONLY

Intended Use <input type="radio"/> Personal <input type="radio"/> Business # of Units _____ New/Used <input type="radio"/> New <input type="radio"/> Demo <input type="radio"/> Used <input type="radio"/> Certified Used <input type="radio"/> Auction Special Programs <input type="checkbox"/> ABC - 48 mos. <input type="checkbox"/> Elec. Vehicle - Spike <input type="checkbox"/> ABC - 60 mos. <input type="checkbox"/> Employee Program <input type="checkbox"/> Balloon <input type="checkbox"/> Expatriate <input type="checkbox"/> College Grad <input type="checkbox"/> First Time Buyer <input type="checkbox"/> ComTRAC <input type="checkbox"/> Lease Loyalty <input type="checkbox"/> Credit Line <input type="checkbox"/> Lease to Retail <input type="checkbox"/> Custom Pay-6 mos. <input type="checkbox"/> Multiple Units <input type="checkbox"/> Custom Pay-Annual <input type="checkbox"/> Single Pmt. Lease <input type="checkbox"/> Elec. Vehicle - Retail <input type="checkbox"/> IMiEV - 1 Payment	VIN	Vehicle Year	Make	Model	
	Style/Trim	Mileage	Cylinders	Trade Vehicle Year	Trade Make
	Trade Model	Cash Selling Price/Cap Cost		Taxes	Title/Lic./Reg./Other Fees
	Cash Downpayment	Rebate	Trade Allowance	Trade Balance Owed	
	Service/Maint. Contract	GAP	Other Insurance		
	Credit Life	Credit Disability	Term	Est. Monthly Payment	
	MSRP	Wholesale (EDC/AWW)	Van Conversion/Upfit Cost	Security Deposit	

We intend to apply for joint credit. Applicant _____ Co-Applicant _____ (initials only)

See Page 2 for important notices. 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 _____