

## DISCOUNT MOTORS CREDIT APPLICATION

HOW DID YOU HEAR ABOUT US? \_\_\_\_\_ SALES PERSON:\_\_\_\_

| APPLICANT INFORM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ATIUN                                   |               |               |            |                              |                   |                    |            |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|---------------|---------------|------------|------------------------------|-------------------|--------------------|------------|--|--|
| FIRST NAME:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | MI: LAST NAME:                          |               |               |            | MAIDEN/OTHER NAME:           |                   |                    |            |  |  |
| SSN:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                         |               |               |            | STATE: DATE OF BIRTH:        |                   |                    | .//_       |  |  |
| MARITIAL STATUS: MARRIED:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | UNMARRIED:                              | _ SEPERATED:  | HOW LONG?     | EI         | MAIL ADDRESS:                |                   |                    |            |  |  |
| HOME PHONE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                         | LISTED:       | WHO'S NAME?   |            | _CELL PHONE:                 | !                 | WHO'S NAME?        |            |  |  |
| ADDRESS: NUMBER:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | STREET:                                 |               |               | APT#:      | CITY:                        | STATE:            |                    | ZIP:       |  |  |
| BUYING:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | _ RENTING:                              |               | AMOUNT: _     |            | HOW LONG AT PRESE            | NT ADDRESS? YEARS | : MO               | ONTHS:     |  |  |
| MORTGAGE HOLDER/LANDLORD:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                         |               | PHONE:        |            | ADDRESS:                     |                   |                    |            |  |  |
| PREVIOUS ADDRESS: NUMBER:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                         | STREET:       |               | AP         | T#: CITY:                    |                   | STATE:             | ZIP:       |  |  |
| BUYING:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | RENTING:                                |               | AMOUNT: _     |            | HOW LONG AT PRESE            | NT ADDRESS? YEARS | S: M(              | ONTHS:     |  |  |
| MORTGAGE HOLDER/LANDLORD:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                         |               | PHONE:        |            | ADDRESS:                     |                   |                    |            |  |  |
| 2ND PREVIOUS ADDRESS: NUMBE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | R:                                      | STREET:       |               | APT        | #: CITY:                     |                   | STATE:             | ZIP:       |  |  |
| BUYING:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                         |               |               |            |                              |                   |                    |            |  |  |
| MORTGAGE HOLDER/LANDLORD:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                         |               | PHONE:        |            | ADDRESS:                     |                   |                    |            |  |  |
| CURRENT EMPLOYER (SOURCE OF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                         |               |               |            |                              |                   |                    |            |  |  |
| ADDRESS: NUMBER:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                         |               |               |            |                              |                   |                    |            |  |  |
| PHONE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                         |               |               |            |                              |                   |                    |            |  |  |
| GROSS INCOME: WEEKLY:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |               |               |            |                              |                   |                    |            |  |  |
| PREVIOUSLY EMPLOYER:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                         |               |               |            | HOW LONG? YEARS              |                   |                    |            |  |  |
| PHONE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ADDI                                    | RESS: NUMBER: |               |            |                              |                   |                    |            |  |  |
| 2ND PREVIOUS EMPLOYER:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                         |               |               |            |                              |                   |                    | IS:        |  |  |
| PHONE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ADDI                                    | RESS: NUMBER: | STREET:       |            |                              |                   |                    |            |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                         |               |               |            | T WISH TO HAVE IT CONSIDERED |                   |                    |            |  |  |
| . , .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | , , , , , , , , , , , , , , , , , , , , |               |               |            | GREEMENT 🔲 VERBAL AGREEM     |                   | ITINO TIIIS UDLIUF | arion.     |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                         |               |               |            | IE:VERI                      |                   |                    |            |  |  |
| REFERENCE INFORM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ΔΤΙΩΝ                                   |               |               |            |                              |                   |                    |            |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                         |               |               |            |                              |                   |                    |            |  |  |
| MOTHER:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                         |               |               |            |                              | ZIP:              |                    |            |  |  |
| FATHER:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                         |               |               |            |                              |                   |                    |            |  |  |
| RELATIVE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                         |               |               |            | STATE:                       |                   |                    |            |  |  |
| RELATIVE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                         |               |               |            |                              | ZIP:              |                    |            |  |  |
| FRIEND:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                         |               |               | CITY:      |                              | ZIP:              | PHONE:             |            |  |  |
| FRIEND:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | YRS. KNOWN:                             | ADDRESS:      |               | CITY:      | STATE:                       | ZIP:              |                    |            |  |  |
| FRIEND:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | YRS. KNOWN:                             | ADDRESS:      |               | CITY:      | STATE:                       | ZIP:              | PHONE:             |            |  |  |
| FRIEND:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | YRS. KNOWN:                             |               |               |            | STATE:                       |                   |                    |            |  |  |
| FRIEND:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | YRS. KNOWN:                             | ADDRESS:      |               | CITY:      | STATE:                       | ZIP:              | PHONE:             |            |  |  |
| CHILD:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | AGE: GRADE:                             | SCHOOL NAN    | NE:           |            | ADDRESS:                     |                   |                    |            |  |  |
| CHILD:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | AGE: GRADE:                             | SCHOOL NAN    | NE:           |            | ADDRESS:                     |                   |                    |            |  |  |
| CHILD CARE EXPENSE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                         | PAID TO       | l:            | ADDRESS:   |                              | PH                | ONE:               |            |  |  |
| OTHER INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | I· (IMPORT)                             | ANT· I IST ΔI | L CREDIT! GOO | N OR RANI) |                              |                   |                    |            |  |  |
| BANK NAME:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                         |               |               |            | ACC #-                       | VUUDEGG-          |                    |            |  |  |
| AUTO REPO'S YES: NO:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                         |               |               |            |                              |                   |                    |            |  |  |
| AUTO REPO'S YES: NO:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                         |               |               |            |                              |                   |                    |            |  |  |
| LAST VEHICLE PURCHASED: FROM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                         |               |               |            |                              |                   |                    | I DRIVING? |  |  |
| BACKRUPTCIES / YR:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                         |               |               |            |                              |                   |                    |            |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                         |               |               |            |                              |                   |                    |            |  |  |
| OTHER CREDIT COMPANY:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |               |               |            |                              |                   |                    |            |  |  |
| OTHER CREDIT COMPANY:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |               |               |            |                              |                   |                    |            |  |  |
| OTHER CREDIT COMPANY:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |               |               |            |                              |                   |                    |            |  |  |
| HOBBIES:CLUBS ATTENDED:OTHER STATES:OTHER |                                         |               |               |            |                              |                   |                    |            |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                         |               |               |            |                              |                   |                    |            |  |  |
| CAR APPLICANT ARRIVED IN: YR:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | MAKE:                                   |               | MODEL:        |            | COLOR:                       | LIC               | ENSE:              |            |  |  |

| CO-APPLICANT INFORM                                                      | <b>MATION</b>      |             |                 |                |            |                                   |              |                        |
|--------------------------------------------------------------------------|--------------------|-------------|-----------------|----------------|------------|-----------------------------------|--------------|------------------------|
| RELATIONSHIP TO APPLICANT: MARRI                                         | ED (COMMON LAW): _ | BOYFRI      | END/GIRLFRIEND: | RELATIVE/TPYE: | OTHER (SP  | ECIFY):                           |              |                        |
| FIRST NAME:                                                              | MI:                |             | _ LAST NAME:    | AST NAME:      |            | MAIDEN/OTHER NAME:                |              |                        |
| SSN:                                                                     |                    | [           | L:              |                | STATE:     | DATE OF                           | BIRTH:       | JJ                     |
| MARITIAL STATUS: MARRIED:                                                | UNMARRIED:         | SEPERATED:  | HOW LONG?       | EMAIL          | . ADDRESS: |                                   |              |                        |
| HOME PHONE:                                                              |                    |             |                 |                |            |                                   |              |                        |
| ADDRESS: NUMBER:                                                         |                    |             |                 |                |            |                                   |              |                        |
| BUYING:RE                                                                |                    |             |                 |                |            |                                   |              |                        |
| MORTGAGE HOLDER/LANDLORD:                                                |                    |             | _ PHONE:        |                | ADDRESS:   |                                   |              |                        |
| PREVIOUS ADDRESS: NUMBER:                                                |                    | _ STREET:   |                 | APT#: _        | CITY:      |                                   | STATE:       | ZIP:                   |
| BUYING: RE                                                               |                    |             |                 |                |            | _                                 |              | ONTHS:                 |
| MORTGAGE HOLDER/LANDLORD:                                                |                    |             |                 |                |            |                                   |              |                        |
| 2ND PREVIOUS ADDRESS: NUMBER: _                                          |                    |             |                 |                |            |                                   |              |                        |
|                                                                          |                    |             |                 |                |            | ESENT ADDRESS? YEARS:_            |              |                        |
| MORTGAGE HOLDER/LANDLORD:                                                |                    |             |                 |                |            |                                   |              | <br>S:                 |
| CURRENT EMPLOYER (SOURCE OF INC ADDRESS: NUMBER:                         |                    |             |                 |                |            |                                   |              |                        |
| PHONE:                                                                   |                    |             |                 |                |            |                                   |              |                        |
| GROSS INCOME: WEEKLY:                                                    |                    |             |                 |                |            |                                   |              |                        |
| PREVIOUSLY EMPLOYER:                                                     |                    | 14 DATS     | 2111111         | .3 FLN MUNTII  |            | ARS:NE                            |              |                        |
| PHONE:                                                                   |                    | S: NIIMRER: | STRFFT:         |                |            | A110                              |              |                        |
| 2ND PREVIOUS EMPLOYER:                                                   |                    |             |                 |                |            |                                   |              |                        |
| PHONE:                                                                   |                    |             |                 |                |            |                                   |              |                        |
| OTHER INCOME:                                                            | \$                 |             |                 | ORDER          |            | EMENT [_]<br>Erifiable documents: |              |                        |
| REFERENCE INFORMAT                                                       |                    |             |                 |                |            |                                   |              |                        |
| MOTHER:                                                                  |                    |             |                 |                |            | ZIP:                              |              |                        |
| FATHER:                                                                  |                    |             |                 |                |            | ZIP:                              |              |                        |
| RELATIVE:                                                                | ADDRESS:           |             |                 | _ CITY:        |            | ZIP:                              |              |                        |
| RELATIVE:                                                                |                    |             |                 | _ CITY:        |            | ZIP:                              |              |                        |
| FRIEND:                                                                  |                    |             |                 |                |            | ZIP:                              |              |                        |
|                                                                          | YRS. KNOWN:        |             |                 |                |            | ZIP:                              |              |                        |
| FRIEND:                                                                  |                    |             |                 |                |            |                                   |              |                        |
| FRIEND:                                                                  |                    |             |                 |                |            | ZIP:<br>ZIP:                      |              |                        |
| CHILD:                                                                   |                    |             |                 |                |            |                                   |              |                        |
| CHILD:                                                                   |                    |             |                 |                |            |                                   |              |                        |
| CHILD CARE EXPENSE:                                                      |                    |             |                 |                |            |                                   |              |                        |
| OTHER INFORMATION:                                                       |                    |             | CREDIT! GOOD    |                |            | THON                              | L            |                        |
| BANK NAME:                                                               |                    |             |                 |                | : #:       | ADDRESS.                          |              |                        |
| AUTO REPO'S YES: NO:                                                     |                    |             |                 |                |            |                                   |              |                        |
| AUTO REPO'S YES: NO:                                                     |                    |             |                 |                |            |                                   |              |                        |
| LAST VEHICLE PURCHASED: FROM:                                            |                    |             |                 |                |            |                                   |              |                        |
| BACKRUPTCIES / YR:                                                       |                    |             |                 |                |            |                                   |              |                        |
| OTHER CREDIT COMPANY:                                                    |                    |             |                 |                |            | PHONE:                            |              |                        |
| OTHER CREDIT COMPANY:                                                    |                    |             |                 |                |            |                                   |              |                        |
| OTHER CREDIT COMPANY:                                                    |                    |             |                 |                |            |                                   |              |                        |
|                                                                          |                    |             |                 |                |            |                                   |              |                        |
| YEARS IN DFW AREA:                                                       |                    |             |                 |                |            |                                   |              |                        |
| CAR APPLICANT ARRIVED IN: YR:                                            |                    |             |                 |                |            |                                   | SE:          |                        |
| I HAVE NO DEBT OR FINANCIAL OBLIGA<br>To the Best of My Knowledge. I fur |                    |             |                 |                |            | ON BY DISCOUNT MOTORS AN          | D SWEAR THEM | TO BE TRUE AND CORRECT |
| APPLICANT'S SIGNATURE                                                    |                    |             |                 |                | DA         | TE:                               |              |                        |

CO-APPLICANT'S SIGNATURE