## DEALER NAME: NORTHERN STATE AUTO PLEASE PRINT - INCOMPLETE APPLICATION WILL NOT BE PROCESSED PHONE: 607-734-3752 FAX: 607-734-1031

INSTRUCTIONS:
You may apply for credit in your name alone, whether or not you are married.

(1) Please indicate whether you are applying for: \_\_\_ Individual Credit \_\_\_ Joint Credit \_\_\_ Community Property State \_\_\_ Business Application

(2) If you are applying for individual credit in your name and relying on you own income or assets and not the income or assets of another person as the basis of repayment of the credit requested, complete only Section A

(3) If you are applying for joint credit with another person, complete Sections A and B. We intend to apply for joint credit.

Applicant \_\_\_ Co-Applicant \_\_\_ \*

If you are married and live in a community property state, please complete Section A about yourself and Section B about your spouse. You must sign this application. Your spouse must sign the application only if he/she wishes to be a Co-Applicant \_\_\_ ADDI LCANT INFORMATION.

application only if he/she wishes to APPLICANT INFORM	o be a Co-Ap	1 2 /1 1	ete Section A ao	Jou	it yoursen and	d Section B about you	л ѕр	ouse. Tou	must s	agn u	нѕ арриса	ation. <u>1</u>	our spe	Juse	iiiust sij	<u>A</u> .	
LAST NAME FIRST NAME						MIDDLE INITIAL		AL S	SOCIAL SECURITY NUMBER						BIRTH DATE		
ADDRESS			APT#	P.O. Box		RURAL ROUTE	RURAL ROUTE CITY						STA		E	ZIP	
HOME PHONE CELL PHONE				RESIDENTIALHomeow				y Other		TIME AT AD Yrs.			Mos.		RENT/MTG PMT.		
E-MAIL ADDRESS				D	RIVER'S LICE	SE No.			1	D.L. STATE TI			Тіме	E AT PREVIOUS ADDRESS Yrs. Mos.			
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EMPLOYER NAME						EMPLOYMENT TYPEEmployedUnemployedSelf-employedMilitaryRetiredStudent									Student		
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SALARY TYPEWeeklyBi-WeeklyMonthlyA				nnually		OCCUPATION			LENGTH OF EMPLOYM Yrs. M			OYMENT Mos.			ORK PHONE NO.		
PREVIOUS EMPLOYER NAME (IF LESS THAN 3 YEARS)						PREVIOUS EMPLOYMENT TYPE Employed Unemployed Self-employed Military Retired Studies.							Student				
PREVIOUS EMPLOYER'S ADDRESS						Стту						STATE			ZIP		
OTHER INCOME (MONTHLY)  SOURCE OF OTHER INCOME					PREVIOUS C				LENGTH OF EMPLOYMENT Yrs. Mos.			T PREVIO			OUS WORK PHONE NO.N		
NEAREST RELATIVE NOT NAME, PHONE NUMBER &	CURRENT MONTHLY PAYMENT																
GROUP CREDIT INSURANCE: Group Credit Insurance is voluntary and not a requirement of your loan. To be eligible for Group Credit Life and/or Disability Insurance, your loan must mature before your 70th birthday. Additionally, to be eligible for Credit Disability Insurance, you must be actively at work and gainfully employed at least 20 hours per week. As part of the enrollment, you may be asked to satisfactorily complete a separate Statement of Insurability. Assuming your application for credit is approved and you are eligible for Insurance, the Credit Union will disclosure its total cost to you. You will also be asked to sign the request for coverage contained on the Personal Loan Plan Note, Security Agreement and Truth-In-Lending Disclosure Form Indicate which credit Insurance options(s) you desire:																	
_	t Credit Life	Insurance	Single Credi	it I		ceSi  EMENT	ngle	Credit Dis	ability	y Ins	urance		No •	Cred	lit Insu	rance	
You understand and agree the application submitted to us a submitted to us, is true and conthis application. The words "this application and any other be reviewed by such financial institutions may submit your report periodically from one or extension of that transaction be told whether a credit report verify your employment, pay, credit and employment history You understand that we will assurance, compliance, training By providing your cell phone. This consent to receive out-oil.	and informate omplete. Yowe," "us," application of institutions applications or more conton. You also that was requested as we considered on the ing, or similar number on ealer, who is	ion about you whether ou understand that false tour" as used below refusion in connection on behalf of themselves to other financial institutes on agree that we or any sted, and if so, the nandebts, and that anyone renecessary and appronformation in this crediar purposes.	or not the app statements make to us, the de- on with the pr es and us the di- titutions for the ies (credit bure affiliate of ou- ne and address receiving a cop- priate in evalu- tit application is	plicay eal cop lea e p ean urs s o py iat in	ormation to cation is ap subject you ler, and to the cosed transauler. In adopting the common of any ortain of this is auting this approach in the cosed transauler. In adopting on the cosed transauler. In adopting on the cosed transauler of this is auting this approach in the cosed transauler of the cosed transauler	complete and subriproved. You certing to criminal penalting the financial institution to the financial institution to the financial institution, in accordance of the financial filling your requirection with the provide one or more consistent of the provides of the financial from which the provides of the financial in the financial in the first provides of the financial in the first provides of	fy the ies. tion (ial in ce we st topose umen h we us we ther y mon cal who	hat the infi The word (s) selecte nstitutions with the Fa to apply for eed transac r credit rejee or our af with such applicatio onitor and	ormatics of the control of the contr	ion of a control of the control of t	on the apyour" and ve your all to you agree you agree you at any ained you at any ained you at any ained you are din collephone as using a recredit control of the young and the young all the young al	oplication of the contraction of	on and on with a gardin dialer a from	an e You :  thory ob refine oever refine the engy of a the	any ot ach pe author. This ize that tain a connection. If you aguse to propoour acconnections are the propoour acconnections.	her application rson submitting ize us to submit application will application will at such financial consumer credit 12, modification on ask, you will ree that we may gather whatever sed transaction. Sount for quality orded message.	
I consent to receive autodi to which dealer assigns my is not a condition of purcl Initial to consent here _	contract)	at the telephone num															

Initial to consent here \_\_\_\_\_\_

BY SIGNING BELOW, YOU CERTIFY THAT YOU HAVE READ AND AGREE TO THE TERMS AND DISCLOSURES ON THE PAGES OF THIS APPLICATION