

# CREDIT APPLICATION

PLEASE PRINT — INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.

INSTRUCTIONS: You may apply for credit in your name alone, whether or not you are married. (4) If you are applying for credit with another person, please complete all sections.  
 (1) Will Applicant(s) be principal driver/operator?  YES  NO. (5) If you are married and live in a community property state, or any property that will secure this credit is located within a community property state, please provide information about your spouse in the "Co-Applicant" section (even if this application is in your name alone).  
 If No, then Name \_\_\_\_\_ D.O.B. \_\_\_\_\_ Relationship \_\_\_\_\_  
 (2) Please indicate whether you are applying  Individually, or  With another person.  
 (3) Indicate your marital status here only if: a) you live in a community property state (AZ, CA, ID, LA, NM, NV, TX, WA, WI), or b) this is a joint application, or c) this is an application for secured credit.  MARRIED  UNMARRIED  SEPARATED (6) The collateral being applied for will be used primarily for: (check one)  
 Personal, family or household use.  Business, commercial, or agricultural purposes, or you are an organization or governmental entity.

## APPLICANT INFORMATION

Last Name		First Name		Middle		Birthdate	Social Security No.	
Address (Residence)		Unit/Apt#	City	State	Zip	How Long: ____ Yrs. ____ Mos.	Driver's License No.	
Home Phone ( ) -	Cell Phone ( ) -	Mailing Address (if different from Residence)				City	State	Zip
Residential Status: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Parents <input type="checkbox"/> Other _____						Monthly Rent/Mtg. Pmt. \$ _____		
Previous Full Address (if less than 3 years)					How Long: ____ Yrs. ____ Mos.	E-Mail Address:		

**EMPLOYMENT and INCOME INFORMATION: Note - Alimony, child support, or separate maintenance income need not be revealed if you do not choose to have it considered as a basis for repaying this obligation.**

Employer Name / <input type="checkbox"/> Self-Employed	Monthly Income: \$	Length of Employment	Occupation
	Other Income: \$	____ Yrs. ____ Mos.	
	Source:		
Employer Phone Number ( ) -	Previous Employer Name (If less than 3 years)	Length of Employment ____ Yrs. ____ Mos.	Occupation

## CO-APPLICANT INFORMATION - This person is a : Spousal Joint Applicant Joint Applicant Co-signer/Guarantor Non-Applicant Spouse

Last Name		First Name		Middle		Birthdate	Social Security No.	
Address (If different than Applicant's)		Unit/Apt #	City	State	Zip	How Long ____ Yrs. ____ Mos.	Driver's License No.	
Home Phone ( ) -	Cell Phone ( ) -	Mailing Address (if different from Residence)				City	State	Zip
Residential Status: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Parents <input type="checkbox"/> Other _____						Monthly Rent/Mtg. Pmt. \$ _____		
Previous Full Address (if less than 3 years)					How Long: ____ Yrs. ____ Mos.	E-Mail Address:		

**EMPLOYMENT and INCOME INFORMATION: Note - Alimony, child support, or separate maintenance income need not be revealed if you do not choose to have it considered as a basis for repaying this obligation.**

Employer Name / <input type="checkbox"/> Self-Employed	Monthly Income: \$	Length of Employment	Occupation
	Other Income: \$	____ Yrs. ____ Mos.	
	Source:		
Employer Phone Number ( ) -	Previous Employer Name (If less than 3 years)	Length of Employment ____ Yrs. ____ Mos.	Occupation

**CREDIT and DEBT INFORMATION: If you are married and live in a community property state, or any property that will secure this credit is located in such, the Seller/Lessor and AHFC\* will assume that all assets and income are community property and all debts are community obligations, unless you indicate otherwise on this application.**

Bank Reference _____	Account No.: _____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Type of Loan: <input type="checkbox"/> Mortgage	Payment: \$ _____	Balance: \$ _____
<input type="checkbox"/> Auto	Payment: \$ _____	Balance: \$ _____
		Creditor: _____
		Creditor: _____
Has any party to this application been the subject, or subject to bankruptcy proceedings? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain: _____		
Has any party to this application ever obtained credit under a different name? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what name? _____		
Had a vehicle repossessed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain: _____		

## REFERENCES (Required)

<b>Nearest relative not living with you:</b>			
Name	Address	Phone ( )	Relationship
<b>List 2 additional references:</b>			
Name	Address	Phone ( )	Relationship
Name	Address	Phone ( )	Relationship

Please read and sign below: By my signature below, I certify that I have completed this application to obtain credit, and that all information provided by me for this application is true, correct and complete. I understand and agree that this application and related credit information will be forwarded to AHFC\* (or other financial institution if shown below), and AHFC\* may be asked to buy the retail installment contract or lease involved in this transaction. I authorize AHFC\* to communicate the reason(s) for action taken on this application to the Dealer named below. I authorize the Seller/Lessor, and AHFC\* (collectively "You") to make inquiries and obtain information about me as You deem appropriate for the purpose of evaluating this application, and for any update, renewal, or extension of the credit received, including obtaining credit reports, contacting my credit references and/or my employer, and contacting any person or department about my driving record. I also authorize You to provide credit information about this transaction to others for the purpose of initiating, monitoring, and other purposes related to this account. I authorize You to give a copy of this application to anyone who has agreed to pay debts incurred on the basis of this application. If I provided my e-mail address on this application, I agree that any communications and correspondence to me from any of the parties to this transaction may be effected by e-mail.

\*AHFC means and includes American Honda Finance Corporation, 20800 Madrona Avenue, Torrance, CA 90503

You are notified that your application may be submitted to (Name and Address required): \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date: \_\_\_\_\_ Co-Applicant's Signature \_\_\_\_\_ Date: \_\_\_\_\_

**STATE NOTICES — California Residents:** If married you may apply for a separate account. **Ohio Residents:** The Ohio laws against discrimination require that all creditors make credit equally available to all creditworthy customers, and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio Civil Rights Commission administers compliance with this law. **Married Wisconsin Residents:** No agreement, unilateral statement or court decree relating to marital property adversely affects a creditor's interest unless prior to the time credit is granted the creditor is furnished a copy of the agreement, statement or decree, or has actual knowledge of the adverse provision. If the credit for which you are applying is granted, your spouse will also receive notification that credit has been extended to you. **New York, Rhode Island and Vermont Residents:** Consumer reports (credit reports) may be obtained in connection with this application. If you request: 1) You will be informed whether or not consumer reports were obtained; and 2) If consumer reports were obtained, you will be informed of the names and addresses of the consumer reporting agencies (credit bureaus) that furnished the reports. If this application for credit is approved, you authorize AHFC\* to request and use subsequent consumer reports in connection with (a) renewals or extensions of this credit; (b) reviewing your credit; (c) for the purpose of taking collection action on this extension of credit; or (d) other legitimate reasons associated with this extension of credit.

DEALER SECTION					
Dealer #:		Base Price	\$	_____	
Dealer Name:		Tax/Title/License	\$	_____	
Dealer Contact:		Accessories	\$	_____	
Sales Program:		Net-Trade	\$	_____	
Complete Honda Model ID#		Cash Down Payment	\$	_____	
Rate: _____ Term: _____		Requested Amount	\$	_____	
Additional Asset Description	Year	Make/Model	VIN/HIN	Invoice Amount	MSRP
Asset #1:					
Asset #2:					
Asset #3:					

American Honda Finance Corporation