

**DEALER INFORMATION**

DEALER NAME \_\_\_\_\_

DEALER FAX NUMBER \_\_\_\_\_

USE FOR CONSUMER APPLICATIONS ONLY

PLEASE USE **BLACK INK**

APPLICANT	FULL NAME FIRST MI LAST				<input type="checkbox"/> SR	FULL NAME FIRST MI LAST				<input type="checkbox"/> SR		
					<input type="checkbox"/> JR					<input type="checkbox"/> JR		
	DATE OF BIRTH		AGE	SOCIAL SECURITY #			DATE OF BIRTH		AGE	SOCIAL SECURITY #		
	STREET ADDRESS						STREET ADDRESS					
	CITY		STATE	ZIP	HOW LONG?		CITY		STATE	ZIP	HOW LONG?	
					YRS. MOS.						YRS. MOS.	
	HOME PHONE			PREVIOUS ADDRESS			HOME PHONE			PREVIOUS ADDRESS		
	CITY		STATE	ZIP	D.L.# / STATE		CITY		STATE	ZIP	D.L.# / STATE	
	<input type="checkbox"/> OWN/BUYING		<input type="checkbox"/> LIVE WITH RELATIVE		MONTHLY PMT. \$		<input type="checkbox"/> OWN/BUYING		<input type="checkbox"/> LIVE WITH RELATIVE		MONTHLY PMT. \$	
	<input type="checkbox"/> RENT/LEASE		<input type="checkbox"/> MILT HOUSING				<input type="checkbox"/> RENT/LEASE		<input type="checkbox"/> MILT HOUSING			
	MORTGAGE CO OR LANDLORD				MORTGAGE AMT. \$		MORTGAGE CO OR LANDLORD				MORTGAGE AMT. \$	
	BANK NAME		BRANCH	CHECKING ACT. #			BANK NAME		BRANCH	CHECKING ACT. #		
BANK NAME		BRANCH	SAVINGS ACT. #			BANK NAME		BRANCH	SAVINGS ACT. #			
EMPLOYER NAME				HOW LONG?		EMPLOYER NAME				HOW LONG?		
				YRS. MOS.						YRS. MOS.		
EMPLOYER ADDRESS						EMPLOYER ADDRESS						
POSITION/TITLE		WORK PHONE	GROSS ANNUAL SALARY \$			POSITION/TITLE		WORK PHONE	GROSS ANNUAL SALARY \$			
ALIMONY CHILD SUPPORT OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED IF YOU DO NOT WISH TO HAVE IT CONSIDERED AS A BASIS FOR REPAYING THIS DEBT						ALIMONY CHILD SUPPORT OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED IF YOU DO NOT WISH TO HAVE IT CONSIDERED AS A BASIS FOR REPAYING THIS DEBT						
OTHER INCOME SOURCE				ANNUAL AMOUNT \$		OTHER INCOME SOURCE				ANNUAL AMOUNT \$		
PREVIOUS EMPLOYER OR SCHOOL				HOW LONG?		PREVIOUS EMPLOYER OR SCHOOL				HOW LONG?		

<b>REFERENCES</b>			<b>REFERENCES</b>		
AUTO CREDIT REFERENCE	TRADING? <input type="checkbox"/> YES <input type="checkbox"/> NO	BALANCE \$	AUTO CREDIT REFERENCE	TRADING? <input type="checkbox"/> YES <input type="checkbox"/> NO	BALANCE \$
OTHER CREDIT REFERENCE		BALANCE \$	OTHER CREDIT REFERENCE		BALANCE \$
NEAREST RELATIVE NOT LIVING WITH YOU	RELATIONSHIP		NEAREST RELATIVE NOT LIVING WITH YOU	RELATIONSHIP	
ADDRESS	PHONE ( )		ADDRESS	PHONE ( )	
ADDITIONAL REFERENCE	RELATIONSHIP		ADDITIONAL REFERENCE	RELATIONSHIP	
ADDRESS	PHONE ( )		ADDRESS	PHONE ( )	

**SIGN**

NOTICE: WE, THE UNDERSIGNED APPLICANT(S), HERBY AUTHORIZE WHIDBEY ISLAND BANK (WIB) AND OTHER CREDITORS ASSOCIATES WITH (WIB) BY CONTRACT OR OTHERWISE ("ASSOCIATED CREDITOR") TO VERIFY CREDIT AND EMPLOYMENT HISTORY AS STATED ABOVE AND TO ANSWER QUESTIONS ABOUT CREDIT EXPERIENCE WITH ME/US. INSURANCE RELATED TO THE CREDIT FOR WHICH I AM APPLYING MAY BE PURCHASED FROM AN INSURED OR AGENT OF MY/OUR CHOICE WHO MEETS: WIB OR ASSOCIATED CREDITOR STANDARDS. IN CONNECTION WITH THIS APPLICATION FOR CREDIT, WIB MAY REQUEST A CONSUMER REPORT. ON MY/OUR REQUEST, WIB OR THE ASSOCIATED CREDITOR WILL ADVISE ME/US IF THE REPORT WAS ACTUALLY ORDERED AND IF SO, THE NAME AND ADDRESS OF THE AGENCY THAT FURNISHED THE REPORT. WIB OR ASSOCIATED CREDITOR MAY ORDER SUBSEQUENT CONSUMER REPORTS.

EVERYTHING THAT WE HAVE STATED IN THIS APPLICATION IS CORRECT TO THE BEST OF MY/OUR KNOWLEDGE. WE UNDERSTAND THAT WIB OR ASSOCIATED CREDITOR WILL RETAIN THIS APPLICATION WHETHER OR NOT IT IS APPROVED. WE WILL NOTIFY WIB OR ASSOCIATED CREDITOR, IF APPLICABLE, WITHIN A REASONABLE TIME OF ANY CHANGE IN MY/OUR NAME, ADDRESS OR EMPLOYMENT.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF JOINT APPLICANT

\_\_\_\_\_  
DATE

FINANCING TERMS	RETAIL		VEHICLE DESCRIPTION	VIN	TRADE IN:	
	SALES PRICE	\$		<input type="checkbox"/> NEW	EQUIPMENT LIST	
	REBATE	\$		<input type="checkbox"/> USED		
	CASH DOWN PAYMENT	\$		<input type="checkbox"/> DEMO	<input type="checkbox"/> AUTO	<input type="checkbox"/> AIR
	TRADE IN	\$			<input type="checkbox"/> 4X4	<input type="checkbox"/> SPECIAL WHEELS
	LESS PAYOFF	\$		YEAR	TRIM	YEAR
	NET TRADE IN	\$		MAKE		MAKE
	AMOUNT FINANCED	\$		MODEL		MODEL
TERM	PAYMENT	MILEAGE		PAY OFF TO:		