



INSTALLMENT APPLICATION

APPLICANT INFORMATION

Last Name		First Name		Initial	Social Security Number		
Home Phone No.		Birthdate					
Check Account Choice <input type="radio"/> Individual <input type="radio"/> Joint							
Present Home Address (Including route, box, apt #)		City	State		Zip		
Previous Address (If less than 1 year at present)		City	State		Zip		
Applicant's Employer (If military, show branch, and pay grade)		City	State		Zip		
Occupation	Area Code/Phone No.	Date of Hire		Gross Monthly Earnings			
		()	YR	MO			
Other Income (Income from alimony, child support or separate maintenance payments need not be disclosed if the purchaser does not wish to have it considered as a basis for repaying this obligation.) Provide any other name in which credit can be verified.							
Monthly Amount \$		How Long?		Source?			
Housing <input type="radio"/> not a home buyer or owner	Purchase price of home	Current Value	Balance Owning	Down Payment	Monthly Payment/Rent	Mortgage Co./Landlord	
Status: <input type="radio"/> buying or own house	\$	\$	\$	\$	\$	\$	
Name of Nearest Relative Not Living With You:		Address:		Home Area Code/Phone No.			
				()			

SPOUSE INFORMATION (For married Wisconsin residents only, if this is not a joint application with your spouse, please provide.)

Last Name:		First Name:		Initial:			
Present Home Address (Including route, box, apt #)		City	State		Zip		

JOINT APPLICANT INFORMATION

Last Name		First Name		Initial	Social Security Number		
Present Home Address (Including route, box, apt #)		City	State		Zip		
How Long?	<input type="radio"/> Own <input type="radio"/> Other	Home Phone No.		Birthdate			
YRS	MOS	<input type="radio"/> Rent	()	/ /			
Previous Address (If less than 1 year at present)		City	State		Zip		
Joint Applicant's Employer (If military, show branch, and pay grade)		City	State		Zip		
Occupation	Area Code/Phone No.	Date of Hire		Gross Monthly Earnings			
		()	YR	MO			
Other Income (Income from alimony, child support or separate maintenance payments need not be disclosed if the purchaser does not wish to have it considered as a basis for repaying this obligation.) Provide any other name in which credit can be verified.							
Monthly Amount \$		How Long?		Source?			
Name of Nearest Relative Not Living With You:		Address:		Home Area Code/Phone No.			
				()			

SIGNATURES: I certify that everything I have stated in this application and on any attachments is true and correct. Wells Fargo Financial Retail Credit, Inc. (WFF), the administrator of this program may keep this application whether or not it is approved. By signing below I authorize WFF to check my credit and employment history and to answer questions from and provide information to others about my credit record with WFF. I understand that I must update credit information at WFF's request if my financial condition changes. A consumer report may be requested in connection with this application or in connection with updates, renewals or extensions of credit. Upon your request you will be informed whether or not a consumer report was requested and if so the name and address of the agency that furnished such report. **CALIFORNIA RESIDENTS:** A married applicant or an applicant that is registered as a domestic partner may apply for an individual account. **ILLINOIS RESIDENTS:** Residents of Illinois may contact the Illinois Commissioner of Banks and Trust Companies for comparative information on finance charges, fees and grace periods. State of Illinois - CIP, P.O. Box 10181, Springfield, IL 62791, Phone 800-634-5452. **OHIO RESIDENTS:** Ohio laws against discrimination require that all creditors make credit equally available to all credit worthy 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:** Wisconsin law provides that no provision of any marital property agreement, or unilateral statement under Wisconsin Stat. Sec. 766.59, or a court decree under section 766.70 will adversely affect a creditor's interests unless, prior to the time that the credit is granted, the creditor is furnished with a copy of the agreement, statement, or decree, or has actual knowledge of the adverse provision. If you are making this application individually, and not jointly with your spouse, please be sure that the full name and current address for your spouse is properly disclosed in the "applicant" section of this application. We will notify your spouse if credit is extended to you. **MASSACHUSETTS RESIDENTS:** Massachusetts law prohibits discrimination on the basis of marital status or sexual orientation. **MAINE AND NEW YORK RESIDENTS:** Consumer reports (credit reports) may be obtained in connection with this application or any update, renewal or extension of any credit granted as a result of this application. If you request, you will be informed; (i) whether or not consumer reports were obtained and (ii) if reports were obtained, the names and addresses of the consumer reporting agencies (credit bureaus) that furnished the reports. **RHODE ISLAND AND VERMONT RESIDENTS:** A consumer credit report may be requested in connection with this application.

APPLICANT'S SIGNATURE		DATE		JOINT APPLICANT'S SIGNATURE		DATE	
FOR OFFICE USE ONLY - TO BE COMPLETED BY STORE PERSONNEL							
1) Annual Percentage Rate	2) Finance Charge	3) Amount Financed	4) Total of Payments				
5) Down Payment	6) Total Sale Price	7) Number of Payments	8) Amount of Each Payment				
9) Cash Price	10) Estimated Date of Substantial Performance			11) Length of Same As Cash Period in Months:			
DEALER ID NO	AUTHORIZATION NO			APPROVAL AMOUNT			
ACCOUNT NUMBER		Verified by:					
Applicant's Drivers License or State ID Required	State	Expires	<input type="radio"/> BIRTHDATE MATCH	<input type="radio"/> PHOTO MATCH	<input type="radio"/> SIGNATURE MATCH		
Joint Applicant's Drivers License or State ID Required	State	Expires	<input type="radio"/> BIRTHDATE MATCH	<input type="radio"/> PHOTO MATCH	<input type="radio"/> SIGNATURE MATCH		