



Retail Motor Vehicle Credit Application

www.leadersfc.com

Credit Sale Lease App. #: _____ Dealer Name _____ Phone _____ FAX _____ Date: _____

Creditor Name and Address: _____

TYPE OF CREDIT REQUESTED: Leaders Financial Co., 21 Commerce Dr., 1st Fl, Cranford, NJ 07016 Ph. 908-497-9100 Fax 908-497-9110

Business Individual Joint—We intend to apply for joint credit (initials): _____

The words "you" and "your" refer to each person or business submitting this application. The words "we", "us" and "our" refer to the seller and the financial companies to which your application is submitted. The words "married" and "spouse" include registered domestic partners or civil union where applicable.

IMPORTANT APPLICANT INFORMATION: Federal law requires financial companies to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information.

Complete **JOINT APPLICANT'S** section only if application is for joint credit.

(A) APPLICANT'S INFORMATION					(B) JOINT APPLICANT'S INFORMATION				
PRINT FULL NAME			DOB		PRINT FULL NAME			DOB	
SSN/TAX ID		STREET ADDRESS		APT#	SSN/TAX ID		STREET ADDRESS		APT#
CITY		STATE	ZIP	HOW LONG? ____ YRS ____ MOS	CITY		STATE	ZIP	HOW LONG? ____ YRS ____ MOS
HOME PHONE		CELL PHONE		MONTHLY RENT/MORTGAGE	HOME PHONE		CELL PHONE		MONTHLY RENT/MORTGAGE
RESIDENTIAL STATUS <input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> WITH RELATIVES <input type="checkbox"/> WITH FRIENDS <input type="checkbox"/> OTHER			NAME OF LANDLORD/MORTGAGE		RESIDENTIAL STATUS <input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> WITH RELATIVES <input type="checkbox"/> WITH FRIENDS <input type="checkbox"/> OTHER			NAME OF LANDLORD/MORTGAGE	
LANDLORD PHONE		PREVIOUS ADDRESS (if less than 2 yrs at current address)		APT#	LANDLORD PHONE		PREVIOUS ADDRESS (if less than 2 yrs at current address)		APT#
CITY		STATE	ZIP	HOW LONG? ____ YRS ____ MOS	CITY		STATE	ZIP	HOW LONG? ____ YRS ____ MOS
CURRENT EMPLOYER			GROSS MONTHLY SALARY		CURRENT EMPLOYER			GROSS MONTHLY SALARY	
CURRENT EMPLOYER'S ADDRESS		CITY		STATE	CURRENT EMPLOYER'S ADDRESS		CITY		STATE
ZIP	WORK PHONE	HOW LONG? ____ YRS ____ MOS		OCCUPATION/JOB TITLE	ZIP	WORK PHONE	HOW LONG? ____ YRS ____ MOS		OCCUPATION/JOB TITLE
PREVIOUS EMPLOYER (if less than 2 yrs at current job)			GROSS MONTHLY SALARY		PREVIOUS EMPLOYER (if less than 2 yrs at current job)			GROSS MONTHLY SALARY	
PREVIOUS EMPLOYER'S FULL ADDRESS				PHONE	PREVIOUS EMPLOYER'S FULL ADDRESS				PHONE
SECONDARY EMPLOYER NAME (if applicable)		SECONDARY EMPLOYER ADDRESS			SECONDARY EMPLOYER NAME (if applicable)		SECONDARY EMPLOYER ADDRESS		
CITY		STATE	ZIP	GROSS MONTHLY SALARY	CITY		STATE	ZIP	GROSS MONTHLY SALARY
SECONDARY EMPLOYER PHONE		HOW LONG? ____ YRS ____ MOS		OCCUPATION/JOB TITLE	SECONDARY EMPLOYER PHONE		HOW LONG? ____ YRS ____ MOS		OCCUPATION/JOB TITLE

OTHER INCOME NOTE:*

<input type="checkbox"/> (A) or <input type="checkbox"/> (B) GROSS MONTHLY OTHER INCOME	OTHER INCOME SOURCE	<input type="checkbox"/> (A) or <input type="checkbox"/> (B) GROSS MONTHLY OTHER INCOME	OTHER INCOME SOURCE
REFERENCE	PHONE	REFERENCE	PHONE
ADDRESS	RELATIONSHIP	ADDRESS	RELATIONSHIP
BANK REFERENCE <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS		BANK REFERENCE <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	

* Alimony, child support, or separate maintenance incomes do not have to be revealed unless the applicant wishes to have such sources considered as a basis for repayment of the requested credit amount.

Signatures

You certify that the information given above is true and complete. We will rely, in part, on this information to evaluate your eligibility for credit. You authorize us to submit this application and any other documents pertaining to this proposed transaction to the following financial company(ies):

You authorize these financial companies and their affiliates to obtain any information they want in order to verify information related to this credit application, including contacting a spouse to verify spouse related information.

Applicant's Signature _____ Date _____ DL # _____ Jt. Applicant's or Other Party's Signature (when applicable) _____ Date _____ DL # _____

For Dealer Use Only

NEW/USED/DEMO	YEAR	MAKE	MODEL	BODY STYLE	MILEAGE	SERIAL #
TRADE IN YEAR	MAKE	MODEL	BODY STYLE	LIENHOLDER	ALLOWANCE	PAYOFF
CASH SELLING PRICE	NET TRADE	CASH DOWN	PRODUCTS & FEES	AMOUNT FINANCED	TERM	RATE

Notices

Notice to applicants or other parties subject to the laws of CALIFORNIA: APPLICANT, IF MARRIED, MAY APPLY FOR A SEPARATE ACCOUNT.

Notice to applicants or other parties subject to the laws of NEW HAMPSHIRE: IF THIS IS AN APPLICATION FOR A BALLOON RETAIL SALES CONTRACT, APPLICANTS ARE ENTITLED, UPON REQUEST, TO RECEIVE A WRITTEN ESTIMATE OF THE MONTHLY PAYMENT FOR A BALLOON PAYMENT REFINANCING IN ACCORDANCE WITH THE CREDITOR'S CURRENT REFINANCING PROGRAMS PRIOR TO ENTERING INTO A BALLOON CONTRACT.

Notice to applicants or other parties subject to the laws of OHIO: 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.

Notice to applicants or other parties subject to the laws of WISCONSIN: MARITAL PROPERTY AGREEMENT NOTICE: No provision of any marital property agreement, unilateral statement under Wisconsin Statutes Section 766.59 or court decree under Wisconsin Statutes Section 766.70 adversely affects the interest of the creditor unless the creditor, prior to the time the credit is granted, is furnished a copy of the agreement, statement or decree or has actual knowledge of the adverse provision when the obligation to the creditor is incurred.

The following is for Wisconsin residents only:

Applicant is married unmarried (includes single, divorced or widowed) separated.

If married or separated, and Applicant's spouse is not a joint applicant, such spouse's name is _____ and address is _____.

Waiver of Notice by Non-Joint Applicant Spouse: I agree to waive notice of any extension of credit in connection with this application.

Signature of Non-Joint Applicant Spouse

Date

ALL APPLICANTS: IMPORTANT APPLICANT INFORMATION

You authorize us to obtain consumer credit reports from time to time as we want, for any legitimate purpose, in connection with the transaction that is proposed by this application or any future update, renewal, or extension of that transaction. Upon request, you will be informed whether or not a consumer report was ordered. If a report was requested, you will be informed of the name and address of the consumer credit reporting agency that furnished the report. We may keep this application whether or not it is approved. You authorize us to check your credit and employment history and to answer questions others may ask us about your credit record with us.

You agree that your telephone communications with us and any financial company that reviews this credit application may be monitored and/or recorded to assure the quality of service. You give your consent to receive calls and text messages from the creditor or its third party debt collector at any number you have given us, including calls and messages made using an autodialer or prerecorded message. You agree that we can send disclosures or other communications to you electronically at the e-mail address you have given us.

By signing below you acknowledge you have read the applicable notices on this page and agree to the terms of the ALL APPLICANTS: IMPORTANT APPLICANT INFORMATION section.

Applicant's Signature

Date

Jt. Applicant's Signature (when applicable)

Date