

GMAC FINANCIAL SERVICES

Application Type: <input type="radio"/> Individual <input type="radio"/> Business	Transaction Type: <input type="radio"/> Retail <input type="radio"/> Lease <input type="radio"/> Balloon	Dealer Number
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Last Name (or trade name of business)		First	Middle Initial	Suffix (Jr.)	Date of Birth	Soc. Sec. # (or Tax ID #)
Home (or business) Phone Number	Type of Enterprise <input type="radio"/> Corporation <input type="radio"/> Partnership <input type="radio"/> LLC <input type="radio"/> Proprietorship	Type of Business			Years in Business Years Months	
Present Address			Zip Code	City	State	
Time at Present Address Years Months	Residence Type <input type="radio"/> Owns Outright <input type="radio"/> Buying <input type="radio"/> Renting/Leasing <input type="radio"/> Family <input type="radio"/> Other				Monthly Rent/Mortgage Payment	

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 obligation.

Present Job Title		Present Employer	Employer Phone Number
Time at Present Job Years Months	Gross Income		Income Received <input type="radio"/> Monthly <input type="radio"/> Yearly

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Intended Use <input type="radio"/> Personal <input type="radio"/> Business # of Units _____	VIN	Vehicle Year	Make	Model		
	Style/Trim	Mileage	Cylinders	Trade Vehicle Year	Trade Make	
New/Used <input type="radio"/> New <input type="radio"/> Demo <input type="radio"/> Used <input type="radio"/> Certified Used <input type="radio"/> Auction	Trade Model	Cash Selling Price/Cap Cost		Taxes	Title/Lic./Reg./Other Fees	
	Cash Downpayment	Rebate	Trade Allowance	Trade Balance Owed		
Special Programs <input type="radio"/> College Grad <input type="radio"/> Credit Line <input type="radio"/> ComTRAC <input type="radio"/> Custom Pmt. Plan <input type="radio"/> Lease to Retail <input type="radio"/> SmartBeginnings <input type="radio"/> Lease Loyalty <input type="radio"/> Single Pmt. Lease	Service/Maint. Contract		GAP		Other Insurance	
	Credit Life		Credit Disability		Term	Est. Monthly Payment
	MSRP	Wholesale (EDC/AWV)		Van Conversion/Uplift Cost	Security Deposit	

We intend to apply for joint credit. Applicant _____ Co-Applicant _____ (initials only)

See other side for important notices. By signing below, I certify that I have read and agree to the terms of this application including terms on the other side.

Applicant's Signature _____ Date _____ Co-Applicant's Signature _____ Date _____

By signing this application, I certify that the information in my application is complete and true. I authorize the dealer, GMAC, GMACNA, GMACAB, GMAC Automotive Bank (Corp.)(if New Mexico), C.O.L. Trust (if this is a lease application), Nuvel National Auto Finance and Nuvel Credit Company (if this is a purchase application) to investigate my credit and employment history, obtain credit reports, and release information about their credit experience with me. If an account is created, I authorize the obtaining of credit reports for purposes of reviewing or taking collection action on the account, or for other legitimate purposes associated with the account.

CONSUMER NOTICES BY STATE

Notice to California Residents: IF MARRIED YOU MAY APPLY FOR CREDIT SEPARATELY AS AN INDIVIDUAL.

Notice to Maine, Rhode Island, and Tennessee Residents: You must have physical damage insurance covering loss or damage to the vehicle for the term of any contract. For a lease, you must also have the liability insurance described in the lease. You may buy this insurance from anyone you choose. You do not have to buy it from someone affiliated with the dealer or an assignee of this contract. Your choice of insurance will not affect the credit approval process unless the insurance does not satisfy the contract requirements or the insurance company does not satisfy the reasonable standards of the dealer or an assignee of the contract.

Notice to New Hampshire Residents: **If you are applying for a balloon payment contract, you are entitled, if you ask, to receive a written estimate of the monthly payment amount for refinancing the balloon payment in accord with the creditor's existing refinance programs. You would be entitled to receive the estimate before you enter into a balloon payment contract.** A balloon contract is an installment sale contract with a final scheduled payment that is at least twice the amount of one of the earlier scheduled equal periodic installment payments.

Notice to New York Residents: Consumer reports may be requested in connection with this application. Upon request, you will be informed whether or not a consumer report was requested and, if it was, of the name and address of the consumer reporting agency that furnished the report. Additional consumer reports may be requested with respect to any extension or renewal of this obligation.

Notice to 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.

Notice to Rhode Island Residents: Consumer reports may be requested in connection with this application.

Notice to Wisconsin Residents:

Please Indicate: Married
 Unmarried (includes single, divorced, widowed)
 Separated

If married or separated and spouse is not a co-applicant please provide:

Non-applicant spouse's name _____

Non-applicant spouse's address _____

Notice: The interest of the creditor will not be adversely affected by a provision of a marital property agreement, a unilateral statement under Wisconsin Statutes § 766.59 or a court decree under Wisconsin Statutes § 766.70, unless you furnish a copy of such agreement, statement or decree to the creditor, or the creditor has actual knowledge of such provision before credit is granted.

NON-APPLICANT SPOUSE'S WAIVER OF NOTICE: I agree to waive notice of any extension of credit in connection with this application.

Non-applicant spouse signs (if available) _____ Date _____

NEAREST RELATIVE OR FRIEND NOT LIVING WITH YOU:

NAME _____

ADDRESS _____ PHONE _____