

## The LUX Lease

(A) APPLICANT INFORMATION				(B) BUSINESS INFORMATION		
PRINT FULL NAME				BUSINESS NAME		
DOB		SSN		STREET ADDRESS		
STREET ADDRESS				CITY	STATE	ZIPCODE
CITY		STATE	ZIPCODE	PHONE		FAX
HOW LONG?	PHONE	EMAIL		NATURE OF BUSINESS		
RESIDENTIAL STATUS				YEARS IN BUSINESS		FEDERAL TAX I.D. NUMBER
LANDLORD OR MORTGAGE HOLDER'S NAME				NAME OF OFFICERS AND THEIR POSITIONS		
PREVIOUS ADDRESS (if less than 2 yrs at current address)						
CURRENT EMPLOYER'S NAME						
CURRENT EMPLOYER'S ADDRESS						
GROSS MONTHLY SALARY		WORK PHONE				
OCCUPATION/JOB TITLE			HOW LONG?			
PREVIOUS EMPLOYER (if less than 2 yrs on current job)			HOW LONG?			
<b>OTHER INCOME NOTE:</b> 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.						
GROSS MONTHLY OTHER INCOME		OTHER INCOME SOURCE		GROSS MONTHLY OTHER INCOME		OTHER INCOME SOURCE
REFERENCE 1			PHONE	ADDRESS		RELATIONSHIP
REFERENCE 2			PHONE	ADDRESS		RELATIONSHIP

### FAIR CREDIT REPORTING ACT TO CONSUMER

THIS WILL ADVISE YOU THAT YOUR RETAIL INSTALLMENT SALES CONTRACT AND BUYER'S APPLICATION FOR SECURED DEBT WILL BE SUBMITTED TO FINANCIAL INSTITUTIONS AND THEIR AFFILIATES FOR PURCHASE AND CONSIDERATION AS TO WHETHER YOU MEET THEIR CREDIT REQUIREMENTS.

THE UNDERSIGNED FURTHER AUTHORIZES THESE FINANCIAL INSTITUTIONS AND THEIR AFFILIATES TO OBTAIN SUCH INFORMATION THAT THEY MAY REQUIRE IN ORDER TO VERIFY INFORMATION RELATIVE TO THIS REQUEST INCLUDING CONTACTING SPOUSES TO VERIFY SPOUSE RELATED INFORMATION.

I CERTIFY THAT ALL INFORMATION GIVEN BY ME ON THIS APPLICATION IS COMPLETE AND ACCURATE. I GIVE MY PERMISSION FOR ANY FINANCIAL INSTITUTION WHICH WILL REVIEW THIS CREDIT APPLICATION, TO INVESTIGATE MY CREDIT AND EMPLOYMENT HISTORY, AND TO ANSWER QUESTIONS ABOUT THEIR CREDIT EXPERIENCE WITH ME INCLUDING BUT NOT LIMITED TO LATE PAYMENTS, MISSED PAYMENTS OR OTHER DEFAULTS, AND THIS INFORMATION MAY BE REPORTED IN YOUR CREDIT REPORT.

APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
 REQUIRED

#### FOR DEALER USE ONLY

NEW	USED	DEMO	YEAR	MAKE	BOOK VALUE	
					CASH SELLING PRICE	_____
MODEL			BODY STYLE		MILEAGE	NET TRADE _____
TRADE IN YEAR		MAKE	MODEL		LIENHOLDER	CASH DOWN _____
TERM		RATE	AMOUNT		DEALER (UNDERWRITER)	UNPAID BALANCE _____
						PLUS INSURANCE & FEES _____
						TOTAL AMOUNT FINANCED _____