

CINCINNATI AUTO CREDIT INC.

NAME _____ DATE _____

NAME _____ DATE _____

Applicant #1

- Driver's License
- Employment Information
 - Paystub
 - Letter from employer
 - other _____
- Residence Information
 - Lease Agreement
 - Phone Bill
 - Power Bill
- Application Packet
 - Credit Application
 - Privacy Policy
 - Work Call Permission
 - Employment
 - Residence Release
 - References
 - Budget Analysis
 - Credit Report

Applicant #2

- Driver's License
- Employment Information
 - Paystub
 - Letter from employer
 - other _____
- Residence Information
 - Lease Agreement
 - Phone Bill
 - Power Bill
- Application Packet
 - Credit Application
 - Privacy Policy
 - Work Call Permission
 - Employment
 - Residence Release
 - References
 - Budget Analysis
 - Credit Report

Notes _____

Loan Closing Checklist

- Primary Documents:
- Down Payment Receipt
 - Arbitration Agreement
 - Retail Purchase Agreement
 - Installment Contract
 - Notice of Loan Transfer
 - Warranty Contract
 - Power of Attorney
 - Odometer Statement
 - Buyer's Guide
 - Delivery Report
 - Delivery Checklist
 - 30 Day Tag

- Additional Documents:
- Spot Delivery
 - Trade Title
 - Trade Odometer
 - Trade Power of Attorney
 - Out of State Exemption
 - ACH Paperwork

Don't Forget...
 -Insurance Verification
 -Spare Keys

CINCINNATI AUTO CREDIT – Credit Application

DATE: _____

- Individual Credit – Applying for credit in your own name and relying only on YOUR OWN INCOME and assets for the repayment of the credit requested
 Joint Credit – Applying for credit with another individual. RELATION TO FIRST PARTY _____

PERSONAL INFORMATION

Last		First		M.I.	Nickname	
Address				Social Security #		Date of Birth
City	State	Zip	Move in Date		Time in Cincinnati	
Home Phone #	Cell Phone #	Email	# Dependents in Household			
Driver's License #	State Issued	Expiration Date	Filed Bankruptcy?	When?	Chapter:	Are you planning to file?
Residence Type (House/Apt/M.H.)		Residence Classification (Own/Rent/Parents/Friends)		Monthly Payments		
Landlord Name		City		Phone #		
Previous Address #1		City	State		Zip	
Previous Landlord #1		LL Phone #	Move In Date		Move Out Date	

EMPLOYMENT INFORMATION

Current Employer			Phone #	Start Date	Shift
Address	City	State	Zip	Title	
Net Income	How Often (Wkly/Bi-Wkly/Semi/Mo)	Next Pay Date	Supervisor		
Second Employer		Phone #	Start Date	Shift	
Address	City	State	Zip	Title	
Net Income	How Often (Wkly/Bi-Wkly/Semi/Mo)	Next Pay Date	Supervisor		
Additional Income*		Source	*Income from alimony, child support or separate maintenance need not be disclosed if you do not want it considered by the lender to make their credit decision.		
Previous Employer		Phone			
Address	City	State	Zip	How Long?	

CREDIT INFORMATION

Bank of Savings Institute		City	State	Type (Savings/Checking)
Pay Child Support? (Y/N)	Amount	How Often (Wkly/Bi-Wkly/Semi/Mo)	Other Debts	
Repossessions? (Y/N)	Where?	Why?		
Paid off Auto Loan? (Y/N)		Where?		
Trade Info		Payoff	Lien Holder	
Down Payment		How did you hear about us?	Salesperson	

I certify that I have read and reviewed my credit information listed above and certify that it is accurate. I am not presently in bankruptcy nor am I anticipating a bankruptcy filing. I authorize Cincinnati Auto Credit and its Assignees to investigate my credit and all the information I provided above, including obtaining credit reports and contacting my present and former employers. Cincinnati Auto Credit and its Assignees may also update my credit information in the future in the same manner described above and may discuss my credit experience with other creditors.

Ohio law prohibits discrimination with respect to the extension of credit. The law requires that all creditors make credit equally available to all credit-worthy customers and further requires that any credit reporting agency must maintain a separate credit history on each individual. The Ohio Civil Rights Commission is responsible for the supervision and enforcement of any credit discrimination violations.

X	X
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SIGNATURE OF APPLICANT

DATE

Fair Credit Reporting Act Disclosure: This application may be considered by Cincinnati Auto Credit as to whether it meets financing requirements.

What we do	
How does Cincinnati Auto Credit Inc. protect my personal information?	To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings.
How does Cincinnati Auto Credit Inc. collect my personal information?	<p>We collect your personal information, for example, when you</p> <ul style="list-style-type: none"> ▪ apply for financing or show your driver’s license ▪ provide employment information or give us your contact information ▪ give us your income information <p>We also collect your personal information from others, such as credit bureaus, affiliates, or other companies.</p>
Why can’t I limit all sharing?	<p>Federal law gives you the right to limit only</p> <ul style="list-style-type: none"> ▪ sharing for affiliates’ everyday business purposes—information about your creditworthiness ▪ affiliates from using your information to market to you ▪ sharing for nonaffiliates to market to you <p>State laws and individual companies may give you additional rights to sharing.</p>
What happens when I limit sharing for an account I hold jointly with someone else?	Your choices will apply to everyone on your account.

Definitions	
Affiliates	<p>Companies related by common ownership or control. They can be financial and nonfinancial companies.</p> <ul style="list-style-type: none"> ▪ <i>Our affiliates include a motor vehicle finance company.</i>
Nonaffiliates	<p>Companies not related by common ownership or control. They can be financial and nonfinancial companies.</p> <ul style="list-style-type: none"> ▪ <i>Cincinnati Auto Credit Inc. does not share with nonaffiliates so they can market to you.</i>
Joint marketing	<p>A formal agreement between nonaffiliated financial companies that together market financial products or services to you.</p> <ul style="list-style-type: none"> ▪ <i>Our joint marketing partners include providers and/or administrators of aftermarket products and insurance companies or agencies.</i>

Other important information	
Customer Acknowledgement: I (We) acknowledge that I (we) received a copy of this privacy notice on the date indicated below.	
_____	_____
Customer Signature	Date
_____	_____
Customer Signature	Date



PERMISSION TO RECEIVE PHONE CALLS AT WORK

I AM GIVING **CINCINNATI AUTO CREDIT INC. AND P.F.S.C. INC.**
PERMISSION TO CALL ME AT MY WORKSITE. THIS IS MY CONTACT
INFORMATION:

EMPLOYER	PHONE	EXT
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CUSTOMER NAME	DATE
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SUPERVISOR	DATE
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Employment Verification Form

TO _____

RE: NAME _____

ADDRESS: _____

SSN: _____

EMPLOYMENT VERIFICATION

1. DATE OF HIRE: _____ DATE OF TERMINATION _____
2. DEPT: _____ SHIFT _____
3. FULL TIME: Y / N TEMPORARY: Y / N SEASONAL: Y / N
4. NET INCOME: _____ (per pay check)
5. PAY PERIOD: weekly, bi-weekly, semi-monthly, monthly (circle)

EMPLOYER SIGNATURE

I AUTHORIZE YOU TO RELEASE THE ABOVE EMPLOYMENT INFORMATION.

CUSTOMER SIGNATURE

RETURN VIA FAX TO: (866) 364-2817

Residence Verification Form

TO _____

RE: NAME _____

ADDRESS: _____

RESIDENCE VERIFICATION

1. DATE MOVED IN: _____ DATE MOVED OUT: _____
2. RENT PER MONTH: _____
3. PAYMENT HISTORY ___(0-5 Days late) ___(6-10) ___(11-30) ___(31+)
4. AMOUNT PAST DUE: _____

PROPERTY OWNER SIGNATURE

I AUTHORIZE YOU TO RELEASE THE ABOVE RESIDENTIAL INFORMATION.

CUSTOMER SIGNATURE

RETURN VIA FAX TO: (866) 364-2817

Customer: _____ Date: _____

Address: _____

PERSONAL REFERENCES

Please list **3 FAMILY** and **3 FRIENDS not living** in your household.

Family #1

NAME: _____ RELATIONSHIP: _____
ADDRESS: _____ CITY: _____ STATE / ZIP: _____
HM PHONE: _____ CELL PHONE: _____

Family #2

NAME: _____ RELATIONSHIP: _____
ADDRESS: _____ CITY: _____ STATE / ZIP: _____
HM PHONE: _____ CELL PHONE: _____

Family #3

NAME: _____ RELATIONSHIP: _____
ADDRESS: _____ CITY: _____ STATE / ZIP: _____
HM PHONE: _____ CELL PHONE: _____

Friend #1

NAME: _____ RELATIONSHIP: _____
ADDRESS: _____ CITY: _____ STATE / ZIP: _____
HM PHONE: _____ CELL PHONE: _____

Friend #2

NAME: _____ RELATIONSHIP: _____
ADDRESS: _____ CITY: _____ STATE / ZIP: _____
HM PHONE: _____ CELL PHONE: _____

Friend #3 or Pastor & Church

NAME: _____ RELATIONSHIP: _____
ADDRESS: _____ CITY: _____ STATE / ZIP: _____
HM PHONE: _____ CELL PHONE: _____

I AUTHORIZE CINCINNATI AUTO CREDIT TO VERIFY AND CONTACT THESE REFERENCES.

Signed: _____

Date: _____