

**"EQUAL OPPORTUNITY LENDER"**

Please fully complete and sign below (please print)

DEALER <b>PUMPKIN LLC</b>		DEALER PHONE <b>609-646-7676</b>		DEALER FAX <b>609-646-2122</b>		APPLICANT'S LAST NAME		TODAY'S DATE	
NEW <input type="checkbox"/> YEAR MAKE MODEL # DESCRIPTION USED <input checked="" type="checkbox"/>					CASH PRICE (Line 1 of contract) \$ _____				
MILEAGE			VIN #		CASH DOWN \$ _____				
TRADE-IN YEAR MAKE MODEL # DESCRIPTION					LESS: NET TRADE \$ _____ \$ _____				
DEALER EMAIL <b>PUMPKINCARS@COMCAST.NET</b>			DEALER # <b>00633U</b>		UNPAID BALANCE \$ _____				
*BUYERS CREDIT INFORMATION (AUTO) If this is an INDIVIDUAL application, complete the information under SECTION 1. If this is a JOINT application, have the co-applicant complete section 2 & include debts in section 1. (If married, the spouse is not required to be the joint applicant)					PLUS INSURANCE AND ALL OTHER CHARGES \$ _____				
TOTAL AMOUNT FINANCED \$ _____					TERM _____ MONTHS				
LAST NAME		FIRST NAME		MIDDLE NAME		DATE OF BIRTH / /		FORMER OR MAIDEN NAME	
1.									
PRESENT ADDRESS				APT #	CITY		STATE	ZIP CODE	
HOW LONG?		HOME PHONE ( )		CELL PHONE ( )		RENT/MTG. PAYMENT			
PREVIOUS ADDRESS (IF PRESENT ADDRESS IS LESS THAN 5 YEARS)									
SOCIAL SECURITY NUMBER ____/____/____			DRIVER LICENSE # ____/____/____			EXP. DATE ____/____/____			
NAME AND ADDRESS OF EMPLOYER						CITY/STATE/ZIP			
HOURS WORKED	BUSINESS PHONE ( )		EXTENSION /	POSITION			TIME EMPLOYED YRS./ MOS.		
GROSS WEEKLY/MONTHLY/ANNUAL EARNINGS (BEFORE TAXES) \$ _____ /PER				SUPERVISORS NAME			PHONE # FOR EMPLOYMENT VERIFICATION / EXT. ( ) /		
NAME AND ADDRESS OF PART-TIME EMPLOYER AND/OR PREVIOUS EMPLOYER IF LESS THAN 2 YEARS						CITY/STATE/ZIP			
GROSS WEEKLY/MONTHLY/ANNUAL EARNINGS (BEFORE TAXES) \$ _____ /PER				SUPERVISORS NAME			BUSINESS PHONE ( )		

LAST NAME		FIRST NAME		MIDDLE NAME		DATE OF BIRTH / /		FORMER OR MAIDEN NAME	
2.									
PRESENT ADDRESS				APT #	CITY		STATE	ZIP CODE	
HOW LONG?		HOME PHONE ( )		CELL PHONE ( )		RELATIONSHIP TO APPLICANT			
SOCIAL SECURITY NUMBER ____/____/____			DRIVER LICENSE # ____/____/____			EXP. DATE ____/____/____			
NAME AND ADDRESS OF EMPLOYER						CITY/STATE/ZIP			
HOURS WORKED	BUSINESS PHONE ( )		EXTENSION /	POSITION			TIME EMPLOYED YRS./ MOS.		
GROSS WEEKLY/MONTHLY/ANNUAL EARNINGS (BEFORE TAXES) \$ _____ /PER				SUPERVISORS NAME			PHONE # FOR EMPLOYMENT VERIFICATION / EXT. ( ) /		

FEDERAL LAW REQUIRES THAT YOU RECEIVE A CREDIT DISCLOSURE STATEMENT UPON SIGNING THIS APPLICATION FROM SELLER.  
FAIR CREDIT REPORTING ACT NOTICE TO CONSUMER

THIS CREDIT APPLICATION SHALL BE SUBMITTED TO JP MORGAN CHASE FINANCIAL BANK, N.A. 540 STATE ROUTE 72 NORTH - SUITE 100, REESVILLE, OHIO 45166 SO THAT JP MORGAN CHASE FINANCIAL MAY DECIDE WHETHER OR NOT TO PURCHASE THE TRANSACTION. BY SIGNING THIS APPLICATION, I/WE CERTIFY THAT ALL INFORMATION GIVEN BY ME/US ON THIS APPLICATION IS COMPLETE, ACCURATE AND TRUE. I/WE AUTHORIZE THE DEALER AND JP MORGAN CHASE FINANCIAL BANK TO INVESTIGATE MY/OUR CREDIT, EMPLOYMENT HISTORY, TO OBTAIN CREDIT REPORTS AND OR MOTOR VEHICLE RECORDS AND TO EXCHANGE OR REPORT ANY INFORMATION WHICH HAS BEEN PROVIDED ON THIS APPLICATION. I/WE AUTHORIZE MY/OUR EMPLOYER(S) TO RELEASE SUCH EMPLOYMENT INFORMATION AS MAY BE REQUIRED BY JP MORGAN CHASE FINANCIAL. I/WE UNDERSTAND THAT THIS APPLICATION MAY BE CONSIDERED WITHDRAWN IF I/WE DO NOT INQUIRE ABOUT ITS STATUS WITHIN 30 DAYS OF THE DATE INDICATED BELOW. I/WE AGREE THAT AN INTERVIEW MAY BE REQUIRED TO VERIFY MY/OUR APPLICATION. I/WE FURTHER AGREE THAT JP MORGAN CHASE FINANCIAL BANK SHALL RETAIN THIS APPLICATION WHETHER OR NOT IT HAS BEEN APPROVED.

APPLICANT SIGNATURE REQUIRED		DATE		CO-APPLICANT SIGNATURE REQUIRED		DATE	
X				X			