

**CLOSED END CREDIT**

Each applicant may apply for individual or joint credit regardless of marital status.  
 This application is for:  
 Individual Credit – complete applicant information.  
 Joint Credit with Spouse as Joint Applicant – complete applicant and co-applicant information.  
 Joint Credit with Non-Spouse as Joint Applicant – complete applicant and co-applicant information.  
 We intend to apply for joint credit:

Applicant Sign Here \_\_\_\_\_ Co-Applicant Sign Here \_\_\_\_\_  
**DEALER USE ONLY**  
 Applicant's identification was verified via viewing an unexpired driver's license unless one of the following is checked:  
 Unexpired: \_\_\_ State Issued ID Card \_\_\_ Passport \_\_\_ Social Security Card  
 Co-Applicant's identification was verified via viewing an unexpired driver's license unless one of the following is checked:  
 Unexpired: \_\_\_ State Issued ID Card \_\_\_ Passport \_\_\_ Social Security Card  
 Verified By: \_\_\_\_\_  
 Dealer # \_\_\_\_\_  
 Initial Sale \$ \_\_\_\_\_ Down Payment \$ \_\_\_\_\_

On this Application "you" and "your" refer to all persons applying for credit and "we", "us", and "our" refer to Dealer and its assigns.

**CUSTOMER CREDIT APPLICATION**

**APPLICANT INFORMATION** (Please Type or Print Clearly)  
 Check if you are NOT a US Citizen   
 Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_ No. of Dependents \_\_\_\_\_  
 First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last Name \_\_\_\_\_  
 Residence Address (No PO Box allowed) \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_  
 E-Mail Address: \_\_\_\_\_  
 Own Monthly Mortgage Payment Home Value \$ \_\_\_\_\_  
 Rent \$ \_\_\_\_\_  
 Present Employer \_\_\_\_\_ Work Phone Number \_\_\_\_\_  
 Occupation \_\_\_\_\_ Gross Monthly Salary \_\_\_\_\_ Length of Employment \_\_\_\_\_  
 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.  
 Other Income \_\_\_\_\_ Source \_\_\_\_\_ Monthly Amount \$ \_\_\_\_\_

**PERSONAL REFERENCE** (Not Living With You)  
 Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_ / /  
 Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_ / /  
 Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_ / /

**CO-APPLICANT INFORMATION** (For Joint Applications Only)  
 Check if you are NOT a US Citizen   
 Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_ No. of Dependents \_\_\_\_\_  
 First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last Name \_\_\_\_\_  
 Residence Address (No PO Box allowed) \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_  
 E-Mail Address: \_\_\_\_\_  
 Present Employer \_\_\_\_\_ Work Phone Number \_\_\_\_\_  
 Occupation \_\_\_\_\_ Gross Monthly Salary \_\_\_\_\_ Length of Employment \_\_\_\_\_  
 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.  
 Other Income \_\_\_\_\_ Source \_\_\_\_\_ Monthly Amount \$ \_\_\_\_\_

By signing this application: 1) you warrant all information you provide is true and complete; 2) you authorize Dealer to assign this application to Aqua Finance, Inc. or its assigns; 3) you authorize a full investigation and release of any records from any source, including credit bureau reports, to check the accuracy of information on this application; and 4) you consent to receiving auto-dialed message calls from us or our agents on your wireless phone. You have a continuing duty to keep us informed if any information on this application changes. No agreement exists between us until this application is approved.

**SOCIAL SECURITY NUMBER/TAXPAYER IDENTIFICATION NUMBER:** Under penalties of perjury, I certify that: 1) The number shown on Page 1 of this Credit Application is my correct taxpayer identification number (or I am waiting for a number to be issued to me); 2) I am not subject to backup withholding because: (a) I am exempt from backup withholding; or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends; or (c) the IRS has notified me that I am no longer subject to backup withholding; and 3) I am a U.S. person (including a U.S. resident alien).  
 Certification Instructions: Cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. Cross out item 3 and complete a W-8 BEN if you qualify and are not a U.S. Person.

The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Applicant Driver's Lic. No. \_\_\_\_\_ State Issued \_\_\_\_\_ Expiration Date \_\_\_\_\_ / /  
 Joint Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Joint Applicant Driver's Lic. No. \_\_\_\_\_ State Issued \_\_\_\_\_ Expiration Date \_\_\_\_\_ / /

**NOTICE TO WISCONSIN APPLICANTS:** No provision of a marital property agreement, a unilateral statement under Wis. Stats. §766.59, or a court decree under Wis. Stats. §766.70 adversely affect the interest of the creditor unless the creditor is furnished a copy of the decree, agreement, statement, or has actual knowledge of the adverse provision prior to the time credit is granted. You must supply us with your spouse's name and address in the Spouse/Joint Applicant section above so we can give notice of this credit transaction by mailing a copy of this application. If you are married, you agree that this obligation is incurred in the interest of marriage or family.

**CREDIT REPORT NOTICE:** We may request a credit report for any legitimate purpose associated with your application for credit, extending credit, modifying the terms of your credit agreement, or collection on your account. On your request we will inform you if such a report was ordered and will give you the name and address of the credit reporting agency that furnished the report.

**NOTICE:** The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The Federal agency that administers compliance with the law concerning this creditor is the Federal Trade Commission.

**NOTICE TO OHIO APPLICANTS:** Ohio anti-discrimination laws require creditors to make credit equally available to all creditworthy customers and that credit reporting agencies maintain separate credit histories on individuals upon request. The Ohio Civil Rights Commission administers these laws.

**ASSIGNMENT:** Should Aqua Finance, Inc. ("AFI") acquire your account as a result of your credit application, AFI may further assign your credit transaction to a credit union which may require you to be a member. In that event, and by signing this application, you agree to the terms of membership as set forth below.

*I apply for membership in and agree to the terms and conditions as provided, and I agree to conform to the bylaws and any amendments of any credit union which accepts assignment of my credit transaction. I authorize the credit union to check my account, credit, and employment history, and to obtain a credit report now or in the future. I understand that this will assist the credit union, for example, in determining my initial and ongoing eligibility for my/our Account and/or in connection with making future credit opportunities available to me. This is not a marital account. If the initial share is deposited by the credit union, it will be revoked if no additional deposits or loans are added to my membership within one year of membership date. It is agreed that if more than one person signs this application, this account is jointly held by the parties named herein. Upon the death of any of them, ownership or all funds in this account are passed to the survivor.*

**AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS**

I hereby authorize the initiation of a periodic deduction from my account at the financial institution named below through the ACH system and authorize said institution to debit my account for the amount and at the frequency set forth below. I acknowledge that this request does not violate the provisions of United States law as it applies to ACH transactions. I understand I have a right to stop this automatic payment by notifying either the institution named below or AFI, in writing, at least three (3) business days prior to the day my account is scheduled to be charged and that there may be a fee for that service. Further I agree that AFI will require written confirmation of an oral stop-payment order within fourteen (14) days. This will be a permanent stop payment on this preauthorized payment. I may, however, establish a new preauthorized payment from the same financial institution or company in the future. I also authorize adjustment entries in the event of erroneous transactions on my account. I agree to hold AFI harmless for any expenses, including fees, incurred as a result of its inability to process a scheduled preauthorized withdrawal due to: my having supplied incorrect information, its having acted on a stop payment order, or there being insufficient funds in the account I have indicated.

Monthly Payment \_\_\_\_\_  
 Day of Month for Withdrawal \_\_\_\_\_ Month First Payment is to be Drawn \_\_\_\_\_  
 Bank Name \_\_\_\_\_  
 Bank Address \_\_\_\_\_

**IMPORTANT: PLEASE ATTACH A VOIDED CHECK WITH CORRECT ENCODING INFORMATION**

Bank Routing Number \_\_\_\_\_  
 Depositor Account Number \_\_\_\_\_  
 Type of Account:  Checking  Savings  
 X \_\_\_\_\_ X \_\_\_\_\_ (if joint account, both must sign)  
 Signature of Depositor \_\_\_\_\_  
 I would like to receive my monthly account statements by email and have access to pay my bill online.