NORTHWEST CONSUMER DISCOUNT COMPANY
AND SUBSIDIARIES

Credit Application

PLEASE READ THE FOLLOWING DIRECTIONS AND CHECK THE APPROPRIATE BOX BEFORE COMPLETING THIS APPLICATION

☐ 1) IF YOU ARE APPLYING FOR INDIVIDUAL CREDIT IN YOUR OWN NAME AND ARE RELYING ONLY ON YOUR OWN INCOME OR ASSETS AS THE BASIS FOR REPAYMENT, COMPLETE ONLY THE APPLICANT SECTION.

☐ 2) IF YOU ARE APPLYING FOR JOINT CREDIT WITH ANOTHER PERSON, COMPLETE BOTH APPLICANT AND CO-APPLICANT SECTIONS

☐ 3) IF YOU ARE APPLYING FOR INDIVIDUAL CREDIT, BUT ARE RELYING ON INCOME FROM ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE OR ON THE INCOME OR ASSETS OF ANOTHER PERSON AS THE BASIS FOR REPAYMENT OF THE CREDIT REQUESTED, COMPLETE BOTH SECTIONS, PROVIDING INFORMATION IN THE CO-APPLICANT SECTION ABOUT THE PERSON ON WHOSE ALIMONY, SUPPORT, OR MAINTENANCE PAYMENTS OR INCOME OR ASSETS YOU ARE RELYING UPON.

DATE _____

ITEM PURCHASED		TOTAL PUR PRICE DOWN PAYMENT		AMT. FIN _____ TERMS _____ MOS. _____ PMT
APPLICANT NAME - LAST	FIRST	INITIAL	DATE OF BIRTH	APPLICANTS S.S. #
CO-APPLICANT NAME - LAST	FIRST	INITIAL	DATE OF BIRTH	CO-APPLICANT S.S #
ADDRESS - NUMBER STREET APT. NO.	CITY STATE	ZIP CODE	HOW LONG YR. MO.	HOME PHONE CELL PHONE
☐ RENTING FURNISHED ☐ BUYING OR OWNS ☐ RENTING UNFURNISHED ☐ OTHER	LANDLORD OR MORTGAGE HOLDER AND ADDRESS			RENT OR PMT $
PREV ADDRESS (IF LESS THAN 5 YRS. AT PRESENT ADDRESS)		HOW LONG YR. MO.	MORTGAGE BALANCE	VALUE
APPLICANT EMPLOYED BY	ADDRESS OR LOCATION		HOW LONG YR. MO.	APPLICANT MONTHLY GROSS PAY $
DEPARTMENT	PHONE NO.	EXT.	OCCUPATION	PAYDAY / CO-APPLICANT MONTHLY GROSS PAY $
CO-APPLICANT EMPLOYED BY	PHONE NO.	EXT.	OCCUPATION	HOW LONG YR. MO. / ADDITIONAL MONTHLY INCOME $
APPLICANT(s) PREVIOUS EMPLOYER (IF LESS THAN 5 YEARS AT PRESENT EMPLOYER)		ADDITIONAL EMPLOYMENT OR INCOME		TOTAL MONTHLY INCOME $

IN THE LAST 14 YEARS, HAVE YOU BEEN DECLARED BANKRUPT? APPLICANT YES _____ NO _____ CO-APPLICANT YES _____ NO _____

YR - AUTO	MAKE	MODEL	☐ PAID FOR ☐ FINANCED THROUGH	BANK NAME
YR - AUTO	MAKE	MODEL	☐ PAID FOR ☐ FINANCED THROUGH	ADDRESS ☐ CHECKING ☐ SAVINGS

LIST ADDITIONAL CREDIT REFERENCES OF BANKS, FINANCE COMPANIES, ETC. (OPEN OR CLOSED WITHIN THE LAST TWO YEARS)

CREDITOR	ADDRESS OR LOCATION	ITEM OR SECURITY	PAYMENT	BALANCE

	NAME	ADDRESS	RELATIONSHIP
LIST CLOSEST RELATIVE NOT LIVING WITH APPLICANT			

APPLICANT INFORMATION:

Driver's License Number: _____ Issuing State _____ Exp. Date: _____
(OR other approved photo ID#)

If no Driver's License or Photo ID; 1) _____

List two forms of verification : 2) _____

CO-APPLICANT INFORMATION:

Driver's License Number: _____ Issuing State _____ Exp. Date: _____
(OR other approved photo ID#)

If no Driver's License or Photo ID; 1) _____

List two forms of verification : 2) _____

**Please note: USA Patriot Act is to help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account.*

What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

AGREEMENT

The Undersigned hereby declare and represent that they have read the foregoing Application, that all statements made therein are complete and true to their knowledge, that all financial and credit information of value to the consideration of this Loan Request has been given and that the statements are made and information given as inducement to the lender to grant the Loan for which this Application is made. The Applicant(s) authorize the Lender, or his agent, to verify the information contained herein and to make such additional normal inquiries as reasonably may be related to, or associated with, this Application, from credit bureaus, employers, creditors and references listed on this Application, and agree that such information may be used and disclosed to our affiliates and subsidiaries. The Applicant(s) understand that a consumer report may be requested in connection with this application and the applicant, upon request, will be informed whether or not a consumer report was requested and will be provided with the name and address of the consumer reporting agency. The undersigned understand that the selection of a dealer or contractor is their responsibility and that this financial institution in no way guarantees equipment, materials or workmanship and that it is a federal crime punishable by fine or imprisonment, or both, to knowingly make any false statements concerning any of the above facts, as applicable under the provisions of the Title 18, United States Code, Section 1014.

SIGNATURE OF APPLICANT _____ DATE _____ SIGNATURE OF CO-APPLICANT _____ DATE _____

D-510 Revised 1/02/04