

GUARDIAN FINANCE COMPANY -Consumer Credit Application

IMPORTANT: Read directions before completing application

- If you are applying for individual secured credit in your name and are relying on your own income or assets and not the income or assets of another person as the basis for repayment of the credit requested, complete all Sections except the shaded area
- If you are applying for joint secured credit with another person, complete all Sections of the application. We want to apply for joint credit: _____ (Applicant) _____ (Joint Applicant).
- 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 all Sections. Provide information in the shaded area about the person on whose alimony, support or maintenance payments or income or assets you are relying.

Date		Dealer		Dealer Phone	
Year		Make		Dealer Fax	
Model		Mileage		Term	
Sale Amt		Down Pmt		Amt Financed	
Name			SS#		DOB
# of Dependents		Ages		Home Phone #	
Address					How Long?
City		State	Zip	e-mail	
Employer		Work #		Co-Applicant	
Days & times worked			SS#		DOB
Address			Address		
Occupation		Length	Phone #		Cell #
Gross Income		Wkly, Bi, or Mon.	Employer		Work #
Previous Employer			Occupation		Length
*Other Income		Source		Address	
Previous Address			Days & times worked		
Phone Company			Gross Income		Wkly, Bi. or Mon.
Cell phone company			Previous Employer		
Rent/Mtg Amt		Landlord Or Mortgage Holder		Phone #	
Insurance Company Name & Ph #					
Checking Account Institution			Savings Institution		
Paycheck cashed at					

Net Pay \$ _____ (subtract) Rent or Mortgage _____ Utilities _____ Credit Card Pmts _____ Installments Loans _____ Disposable Income \$ _____	<p style="text-align: center;"><u>NOTES</u></p>
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Type of ID	State of Issuance	Date Issued
ID #		Expiration Date
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ID #		Expiration Date

*Notice: Alimony, Child Support, or Separate Maintenance do not have to be disclosed unless you wish to have them Considered as part of your income.

NOTE: The Ohio Law against discrimination require that all creditors make credit equally available to all credit-worthy customers and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio Civil Rights Commission administers compliance with this law.

* By signing this application you are stating all information is true and complete. You also authorize a full investigation of your credit record and employment history

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT-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 main also ask to see your driver's license or other identifying documents.

Signature of Applicant	Date	Signature of Co-Applicant	Date
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CREDIT APPLICATION

Applicant's Information

Applicant's Name _____ Birth date _____
Address _____
City, State, Zip _____ SSN _____
Telephone _____

Residency

Name of Landlord or Mortgage Holder _____
Telephone of Landlord or Mrtg Holder _____
Address of Landlord or Mortgage Holder _____

Employer Information

Present Employer _____
Street Address _____
City, State, Zip _____ Phone _____
Job Title or Occupation _____ Length of Employment _____ Yrs _____

References

(1) Nearest LOCAL Friend or Relative NOT Living With You

Name _____
Street Address, Apt # _____ Phone _____
City, State, Zip _____ Relationship _____

(2) Nearest LOCAL Friend or Relative NOT Living With You

Name _____
Street Address, Apt # _____ Phone _____
City, State, Zip _____ Relationship _____

(3) Nearest LOCAL Friend or Relative NOT Living With You

Name _____
Street Address, Apt # _____ Phone _____
City, State, Zip _____ Relationship _____

I represent that the information provided in this application is true to the best of my knowledge. You are hereby authorized to verify my credit and employment references in connection with the processing of this application.

APPLICATIONS SIGNATURE _____ DATE _____