

Lender: **THE HONESDALE NATIONAL BANK**
 733 Main Street
 Honesdale, Pennsylvania 18431

CHECK ONE FOR JOINT ACCOUNT: If you are applying for a joint account or an account that you and another person will use, complete all sections, providing information in Section 3, below, about the Joint Applicant or user.

We intend to apply for Joint Credit.

Applicant _____ Co-Applicant _____

Amount Requested \$ _____ for _____ months

Selling Price (including Sales Tax) _____

Less: Down Payment

Cash Dealer Discount _____

Trade-In _____

= Total Financed _____

Trade-In Vehicle: Year and Make _____ Series _____

\$ _____ in \$ _____
 Gross Bill Owng Net Trade In

DEALER:	Date:	Time: <input type="checkbox"/> AM <input type="checkbox"/> PM
Submitted by:	Phone:	

NEW USED _____ YEAR MAKE MODEL

RELEASE _____

ADDITIONAL EQUIPMENT:

AIR P/B AUTOMATIC DEFROGGER CRUISE P/S AM/FM

OTHER _____

WHO IS THE VEHICLE REGISTERED TO: _____

INSTRUCTIONS: Complete Sections 1 and 2. DO NOT complete Section 3 unless directions below in A and/or B apply.

SECTION 1 - APPLICANT

FIRST, MIDDLE INITIAL, LAST NAME OF APPLICANT	DATE OF BIRTH NO. DAY YEAR	NO. OF DEPENDENTS	SOCIAL SECURITY NUMBER		
HOME ADDRESS - NO. AND STREET	CITY	STATE	ZIP	YEARS THERE	HOME TELEPHONE NO.
PREVIOUS HOME ADDRESS	YEARS THERE	FIRM NAME OR EMPLOYER	TELEPHONE NO.	POSITION	
BUSINESS ADDRESS NO. AND STREET	CITY	STATE	ZIP CODE	YEARS THERE	SALARY \$
NAME AND ADDRESS OF PREVIOUS EMPLOYER	YEARS THERE	POSITION			
OTHER INCOME \$ _____ (GIVE SOURCE)	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.				
CHECKING ACCOUNT: NAME AND ADDRESS OF BANK	ACCOUNT NO.	SAVINGS ACCOUNT: NAME AND ADDRESS OF BANK	ACCOUNT NO.		
NAME AND ADDRESS OF A CLOSE RELATIVE NOT LIVING WITH YOU	RELATIONSHIP				

A - If you are applying for a joint account with another person, provide information in Section 3 about the joint applicant and provide information in Section 2 for both applicants.
B - If you are applying for an individual account, 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, provide information in Section 3 about the person on whose alimony, support, or income or assets you are relying.

NOTE: COMPLETE INFORMATION IS REQUIRED TO PROCESS THIS APPLICATION. IF NECESSARY ATTACH ADDITIONAL SHEETS.

SECTION 2 - FINANCIAL STATEMENT

LIST ALL DEBTS Check Column "I" if existing credit is in Applicant's name alone. Check Column "J" if existing credit is joint credit.

I	J	TYPE OF OBLIGATION	NAME OF CREDITOR	CITY AND STATE	ACCOUNT NUMBER	BALANCE	MO. RENT OTHER PMT.
<input type="checkbox"/>	<input type="checkbox"/>	MORTGAGE RENT					
<input type="checkbox"/>	<input type="checkbox"/>	AUTO LOAN					
<input type="checkbox"/>	<input type="checkbox"/>	CREDIT CARDS					
<input type="checkbox"/>	<input type="checkbox"/>	OTHER CREDIT					

DO NOT COMPLETE THIS SECTION UNLESS YOU HAVE DETERMINED THAT DIRECTIONS "A" AND/OR "B" APPLY.

SECTION 3 - JOINT APPLICANT

FIRST, MIDDLE INITIAL, LAST NAME OF JOINT APPLICANT, USER OR OTHER PARTY	DATE OF BIRTH NO. DAY YEAR	NO. OF DEPENDENTS	SOCIAL SECURITY NUMBER		
HOME ADDRESS - NO. AND STREET	CITY	STATE	ZIP	YEARS THERE	HOME TELEPHONE NO.
PREVIOUS HOME ADDRESS	YEARS THERE	FIRM NAME OR EMPLOYER	TELEPHONE NO.	POSITION	
BUSINESS ADDRESS NO. AND STREET	CITY	STATE	ZIP CODE	YEARS THERE	SALARY \$
NAME AND ADDRESS OF PREVIOUS EMPLOYER	YEARS THERE	POSITION			
OTHER INCOME \$ _____ (GIVE SOURCE)	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.				
CHECKING ACCOUNT: NAME AND ADDRESS OF BANK	ACCOUNT NO.	SAVINGS ACCOUNT: NAME AND ADDRESS OF BANK	ACCOUNT NO.		

SECTION 4 - INSURANCE **NOTICE:** Physical Damage Insurance is REQUIRED for the full term of the installment Contract. Please complete insurance information below.

INSURANCE AGENT NAME	INSURANCE COMPANY NAME	EFFECTIVE DATE
INSURANCE AGENT PHONE	POLICY NUMBER	FROM TO
COVERAGE: <input type="checkbox"/> FIRE-THEFT <input type="checkbox"/> COLLISION \$ _____		<input type="checkbox"/> COMPREHENSIVE <input type="checkbox"/> DEDUCTIBLE

READ & SIGN

Every statement I have made in this application is true and correct and has been made by me with the understanding that you will rely on it. I agree that if anything arises which changes any of the statements I have made, I will promptly tell you. You may request a credit report on me and if I ask, you will tell me the name and address of the consumer reporting agency that furnished it. If you update, renew or extend my loan, you may request a new credit report without telling me.

NOTE: By signing this application, I will authorize both the Dealer and any Lender to whom this application is forwarded, to obtain a credit report.

NOTICE TO GUARANTOR: If you are providing information to the Lender on this Application for the purpose of acting as a guarantor for one or more primary applicant(s) and the Lender determines that you, as a guarantor, do not meet the credit underwriting standards for this particular loan and/or amount, be advised that the Lender is required by law, and will, provide an adverse action notice detailing the specific reasons for the credit denial directly to the primary applicant(s) and not to you.

As a guarantor, be prepared to share any specific reasons for adverse action based on your credit history with the primary applicant(s). If you are unwilling to share this information, you should not complete this application in the capacity of guarantor.

By completing and submitting this application as guarantor, you are authorizing the Lender to share the specific reasons for adverse action with the primary applicant(s) in the event this application is denied.

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 may also ask to see your driver's license or other identifying documents.

IMPORTANT: THIS APPLICATION MUST BE SIGNED AND DATED BELOW, BEFORE IT CAN BE PROCESSED.

1. _____ DATE _____ 2. _____ DATE _____
 SIGNATURE OF APPLICANT SIGNATURE OF JOINT APPLICANT, IF APPLICABLE

COMPLETED BY INTERVIEWER:
 Identification: _____