



# Credit Application

SAAB FINANCIAL SERVICES CORP.

DEALER NAME

DEALER NUMBER

APPLICANT INFORMATION

LAST NAME			FIRST NAME			MI	DATE OF BIRTH / /		SSN	
PRESENT ADDRESS					PRIMARY CONTACT PHONE NUMBER ( )			SECONDARY CONTACT PHONE NUMBER ( )		
CITY		STATE	ZIP CODE		MTG PMT OR RENT	TIME AT ADDRESS YRS		MOS	<input type="radio"/> OWN	<input type="radio"/> OTHER
PREVIOUS ADDRESS (IF LESS THAN 5 YRS AT CURRENT)					CITY		STATE	TIME AT ADDRESS YRS MOS		
<b>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.</b>										
EMPLOYER			OCCUPATION			SELF EMPLOYED <input type="radio"/> YES <input type="radio"/> NO		GROSS ANNUAL INCOME		
CITY			STATE	BUSINESS PHONE NUMBER ( )			TIME EMPLOYED YRS MOS			
PREVIOUS EMPLOYER (IF LESS THAN 5 YRS AT CURRENT)			OCCUPATION			SELF EMPLOYED <input type="radio"/> YES <input type="radio"/> NO		GROSS ANNUAL INCOME		
CITY			STATE	BUSINESS PHONE NUMBER ( )			TIME EMPLOYED YRS MOS			
ADDITIONAL INCOME (ANNUAL)					SOURCE OF ADDITIONAL INCOME					
NAME OF NEAREST RELATIVE NOT LIVING WITH YOU			RELATIONSHIP		FULL ADDRESS			PHONE NUMBER ( )		
LAST AUTO FINANCED/LEASED		FINANCE/LEASE COMPANY			<input type="radio"/> KEEPING <input type="radio"/> TRADING <input type="radio"/> SELLING			MONTHLY PAYMENT		

CO-APPLICANT INFORMATION

LAST NAME			FIRST NAME			MI	DATE OF BIRTH / /		SSN	
PRESENT ADDRESS					HOME PHONE NUMBER ( )			SSN		
CITY		STATE	ZIP CODE		MTG PMT OR RENT	TIME AT ADDRESS		<input type="radio"/> OWN	<input type="radio"/> OTHER	
PREVIOUS ADDRESS (IF LESS THAN 5 YRS AT CURRENT)					CITY		STATE	TIME AT ADDRESS YRS MOS		
<b>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.</b>										
EMPLOYER			OCCUPATION			SELF-EMPLOYED <input type="radio"/> YES <input type="radio"/> NO		GROSS ANNUAL INCOME		
CITY			STATE	BUSINESS PHONE NUMBER ( )			TIME EMPLOYED YRS MOS			
PREVIOUS EMPLOYER (IF LESS THAN 1 YR AT CURRENT)			OCCUPATION			BUSINESS PHONE NUMBER ( )		SELF-EMPLOYED <input type="radio"/> YES <input type="radio"/> NO		GROSS ANNUAL INCOME
ADDITIONAL INCOME (ANNUAL)					SOURCE OF ADDITIONAL INCOME					

This application will be submitted to Saab Financial Services Corp. (SFSC), if this is a purchase application, and if this is a lease application, to Saab Leasing Co., Saab Leasing Co. Business Trust, Saab Leasing Trust, Saab Leasing Co., Inc., Saab Leasing LLT, all at 17500 Chenal Parkway, Suite 300 in Little Rock, AR 72223, so that they may decide whether or not to purchase the transaction.

**Your Opt-Out Right:** If you want SFSC and SFSC's affiliated entities' vehicle financing operations not to share non-public personal information about you related to this application with affiliates and non-affiliated third parties, you may opt out of information sharing, that is, you may direct us not to share information (other than as permitted by law).  
 To opt-out now - Fill in this circle to opt out of information sharing related to this application with affiliates and nonaffiliated third parties (other than sharing permitted by law).  
 This opt-out covers applicant and any co-applicant.

We intend to apply for joint credit. Applicant \_\_\_\_\_ Co-Applicant \_\_\_\_\_ (initials only)

See other side for important notices. By signing below, I certify that I have read and agree to the terms of this application, including terms on the other side.

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

<input type="radio"/> LEASE	<b>VEHICLE INFORMATION</b>		YEAR	MAKE	MODEL	MODEL CODE
<input type="radio"/> RETAIL	CYLINDERS	MILES	TERM	INVOICE	OPTIONS	
<input type="radio"/> BALLOON	MSRP	CASH SELLING PRICE		CAP. RED/CASH DOWN	NET TRADE	ADJ. CAP/AMT. FINANCED
<input type="radio"/> ONE-PAY LEASE						PAYMENT
<input type="radio"/> NEW	<b>TRADE-IN</b>		YEAR	MAKE	MODEL	PAYMENT
<input type="radio"/> USED					TRADE ALLOW.	EST. PAYOFF
<input type="radio"/> CERTIFIED						LIENHOLDER

By signing this application, I certify that the information in my application is complete and true. I authorize the dealer, SFSC, (if this is a purchase application) and if this is a lease application, Saab Leasing Co., Saab Leasing Co. Business Trust, Saab Leasing Trust, Saab Leasing Co., Inc., and Saab Leasing LLT to investigate my credit and employment history, obtain credit reports, and release information about their credit experience with me. If an account is created, I authorize the obtaining of credit reports for purposes of reviewing or taking collection action on the account, or for other legitimate purposes associated with the account.

### CONSUMER NOTICES BY STATE

Notice to California Residents: IF MARRIED YOU MAY APPLY FOR CREDIT SEPARATELY AS AN INDIVIDUAL.

Notice to Maine, Rhode Island, and Tennessee Residents: You must have physical damage insurance covering loss or damage to the vehicle for the term of any contract. For a lease, you must also have the liability insurance described in the lease. You may buy this insurance from anyone you choose. You do not have to buy it from someone affiliated with the dealer or an assignee of this contract. Your choice of insurance will not affect the credit approval process unless the insurance does not satisfy the contract requirements or the insurance company does not satisfy the reasonable standards of the dealer or an assignee of the contract.

Notice to New Hampshire Residents: **If you are applying for a balloon payment contract, you are entitled, if you ask, to receive a written estimate of the monthly payment amount for refinancing the balloon payment in accord with the creditor's existing refinance programs. You would be entitled to receive the estimate before you enter into a balloon payment contract.** A balloon contract is an installment sale contract with a final scheduled payment that is at least twice the amount of one of the earlier scheduled equal periodic installment payments.

Notice to New York Residents: Consumer reports may be requested in connection with this application. Upon request, you will be informed whether or not a consumer report was requested and, if it was, of the name and address of the consumer reporting agency that furnished the report. Additional consumer reports may be requested with respect to any extension or renewal of this obligation.

Notice to Ohio Residents: The Ohio laws against discrimination require that all creditors make credit equally available to all creditworthy 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.

Notice to Rhode Island Residents: Consumer reports may be requested in connection with this application.

Notice to Wisconsin Residents:

Please Indicate:  Married  
 Unmarried (includes single, divorced, widowed)  
 Separated

If married or separated and spouse is not a co-applicant please provide:

Non-applicant spouse's name \_\_\_\_\_

Non-applicant spouse's address \_\_\_\_\_

Notice: The interest of the creditor will not be adversely affected by a provision of a marital property agreement, a unilateral statement under Wisconsin Statutes § 766.70 or a court decree under Wisconsin Statutes § 766.70, unless you furnish a copy of such agreement, statement or decree to the creditor, or the creditor has actual knowledge of such provision before credit is granted.

NON-APPLICANT SPOUSE'S WAIVER OF NOTICE: I agree to waive notice of any extension of credit in connection with this application.

Non applicant spouse signs (if available) \_\_\_\_\_ Date \_\_\_\_\_

NEAREST RELATIVE OR FRIEND NOT LIVING WITH YOU:

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_