

Consumer Credit Application

IMPORTANT: Check (✓) the appropriate boxes below and complete the applicable sections.



SECTION A. Information Regarding Individual Applicant

LAST NAME (PRINT)	FIRST	INITIAL	BIRTHDATE	SOCIAL SECURITY NO.	NO. OF DEPENDENTS	<input type="checkbox"/> MARRIED <input type="checkbox"/> UNMARRIED <input type="checkbox"/> SEPERATED
ADDRESS	CITY	STATE	ZIP	HOME PHONE	HOW LONG?	YRS MOS LIVED IN COMMUNITY?
PREVIOUS ADDRESS (TO COVER 5 YEARS RESIDENCE)	CITY	STATE	ZIP	PHONE	HOW LONG?	YRS MOS LIVED IN COMMUNITY?
POSITION	PRESENT EMPLOYER	ADDRESS	CITY	STATE	ZIP	PHONE HOW LONG?
PREVIOUS EMPLOYMENT (TO COVER 5 YEARS HISTORY)	ADDRESS	CITY	STATE	ZIP	PHONE	HOW LONG?
NEAREST RELATIVE NOT LIVING WITH APPLICANT	ADDRESS	CITY	STATE	ZIP	PHONE	HOW LONG?
INCOME: Applicant's gross monthly income from 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.			Driver's License: State _____
Amount of other monthly income and source(s)		\$				Number: _____
TOTAL MONTHLY INCOME		\$				

SECTION B. Information Regarding Joint Applicant or Other Party: Complete this section only if application is for joint credit or for individual credit relying on income or assets from other sources.

LAST NAME (PRINT)	FIRST	INITIAL	BIRTHDATE	SOCIAL SECURITY NO.	NO. OF DEPENDENTS	<input type="checkbox"/> MARRIED <input type="checkbox"/> UNMARRIED <input type="checkbox"/> SEPERATED
ADDRESS	CITY	STATE	ZIP	HOME PHONE	HOW LONG?	YRS MOS LIVED IN COMMUNITY?
PREVIOUS ADDRESS (TO COVER 5 YEARS RESIDENCE)	CITY	STATE	ZIP	PHONE	HOW LONG?	YRS MOS LIVED IN COMMUNITY?
POSITION	PRESENT EMPLOYER	ADDRESS	CITY	STATE	ZIP	PHONE HOW LONG?
PREVIOUS EMPLOYMENT (TO COVER 5 YEARS HISTORY)	ADDRESS	CITY	STATE	ZIP	PHONE	HOW LONG?
NEAREST RELATIVE NOT LIVING WITH JOINT APPLICANT OR OTHER PARTY	ADDRESS	CITY	STATE	ZIP	PHONE	HOW LONG?
INCOME: Joint Applicant's/Other Party's gross monthly income from 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.			Driver's License: State _____
Amount of other monthly income and source(s)		\$				Number: _____
TOTAL MONTHLY INCOME		\$				

SECTION C. Asset and Debt Information: If Section B has been completed, this Section should be completed giving information about both the Applicant and Joint Applicant or Other Party. Please mark Applicant-related information with an 'A.' If Section B was not completed, only give information about Applicant in this Section)

LANDLORD OR MORTGAGE HOLDER	MORTGAGE BALANCE	MONTHLY PAYMENT OR RENT	SECOND MORTGAGE BAL	MONTHLY PAYMENT
<input type="checkbox"/> OWN				
HAVE YOU EVER HAD ANY PROPERTY REPOSSESSED?	<input type="checkbox"/> YES <input type="checkbox"/> NO	DO YOU HAVE ANY LAWSUITS PENDING AGAINST YOU?	<input type="checkbox"/> YES <input type="checkbox"/> NO	HAVE YOU EVER FILED BANKRUPTCY?
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				MILITARY RESERVE? <input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> ACTIVE <input type="checkbox"/> INACTIVE

TO BE COMPLETED BY DEALER

<u>DEAL STRUCTURE</u>		<u>UNIT FINANCED</u>		FUELTYPE: <input type="checkbox"/> GAS <input type="checkbox"/> DIESEL
CASH SELLING PRICE \$	OTHER \$	NEW OR USED	ENGINE TYPE: <input type="checkbox"/> SINGLE <input type="checkbox"/> TWIN	
ACCESSORIES \$	CASH DOWN \$	MAKE		
SALES TAX \$	TRADE-IN \$	MODEL	TRADE-IN:	
LICENSE \$	PAYOFF \$	YEAR	MAKE	
INSURANCE \$	TOTALDOWN \$	ENGINE SIZE	MODEL	
SVC. CONTRACT \$		LENGTH	YEAR	
DOCS \$	TOTAL FINANCED \$	MILEAGE	PROGRAM CODE	
	TERM	BODY TYPE		

STATE SPECIFIC DISCLOSURES: California Residents: As required by law you are hereby notified that a negative credit report reflection on your credit record may be submitted to a credit reporting agency if you fail to fulfill the terms of your credit obligations. Maine, New York, Rhode Island, and Vermont Residents You authorize us to obtain consumer reports from consumer reporting agencies in considering this application and subsequently in connection with any update renewal, extension of credit, or a review or collection of your account. At your request, you will be informed whether such a report was requested and, if so, the name and address of the agency that furnished the report. Ohio Residents: The Ohio Laws against discrimination require that all creditors make credit available to credit worthy customers, and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio Civil Right Commission administers compliance with this law. Washington Residents: Please let us know if we should investigate your credit references and/or credit history under another name. Washington state law against discrimination prohibits discrimination in credit transactions because of race, creed, color, nation: origin, sex or marital status. Married Wisconsin Residents: You acknowledge that any obligation incurred in connection with this application is incurred in the interest of your family or marriage. No provision of a marital property agreement, a unilateral statement under section 766.59 or a court decree under section 766.70 adversely affects the interest of the creditor unless the creditor, prior to the time credit is granted, is furnished a copy of the agreement statement or decree or has actual knowledge of the adverse position when the obligation to the creditor is incurred.

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.

REPRESENTATIONS, WARRANTIES, AUTHORIZATIONS, AND AGREEMENTS: The undersigned applicant(s) 1) warrant and represent to E*TRADE Consumer Finance Corporation ("ETCFC") that the information furnished above is truthful, accurate, and supplied voluntarily; 2) authorize ETCFC to: i) check their credit and employment histories, and bank and personal references; ii) obtain consumer reports from consumer reporting agencies in considering this Application and subsequently in connection with any update, renewal, extension of credit, review or collection of their account (if credit is granted); iii) report to others the credit experience with ETCFC and to answer questions about their credit experience with ETCFC (in accordance with applicable law); and iv) keep this application whether or not it is approved; and 3) agree to notify ETCFC of any material change of the information provided above.

Joint Applicant's Signature means the Applicant and Joint Applicant intend to apply for joint credit.

X
 APPLICANT'S SIGNATURE _____ DATE _____
 X
 JOINT APPLICANT'S SIGNATURE _____ DATE _____