

DATE: _____ DEALER: Burgun Automotive PHONE: 315 687-6585

APPLICANT Years at this address _____ NAME _____ ADDRESS _____ CITY _____ STATE _____ ZIP _____ PHONE _____ # of Dep. Incl Self _____	APPLICANT PRESENT EMPLOYER NAME _____ ADDRESS _____ CITY _____ STATE _____ ZIP _____ POSITION _____ PHONE _____ YRS. THERE _____												
PROVIDE MINIMUM LAST 3 YEARS HOME ADDRESS Previous Address _____ Years There _____ Social Security Number _____ Date of Birth _____ Name of Nearest Relative not living with you _____ Relationship _____ <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">HOUSING</td> <td style="width:15%;">Own _____</td> <td style="width:15%;"></td> <td style="width:15%;"></td> </tr> <tr> <td></td> <td>Rent _____</td> <td style="width:15%;">Mo. Payment</td> <td style="width:15%;">Paid to</td> </tr> <tr> <td></td> <td>Live w/Relative _____</td> <td></td> <td></td> </tr> </table>	HOUSING	Own _____				Rent _____	Mo. Payment	Paid to		Live w/Relative _____			PROVIDE MINIMUM LAST 3 YEARS EMPLOYMENT Previous Employer _____ Years There _____ <p style="text-align: center;">INCOME</p> Alimony, child support and separate maintenance income need not be revealed. If you do not wish to have it considered as a basis for repaying this obligation. Gross Pay without OT: _____ PER _____ If SELF EMPLOYED: Annual Taxable Income: _____ Other Income: _____ /Mo. Source: _____
HOUSING	Own _____												
	Rent _____	Mo. Payment	Paid to										
	Live w/Relative _____												

JOINT APPLICANT Years at this address _____ NAME _____ ADDRESS _____ CITY _____ STATE _____ ZIP _____ PHONE _____ # of Dep. Incl Self _____	JOINT APPLICANT PRESENT EMPLOYER NAME _____ ADDRESS _____ CITY _____ STATE _____ ZIP _____ POSITION _____ PHONE _____ YRS. THERE _____												
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DESCRIPTION OF VEHICLE BEING PURCHASED NEW __ USED __ YEAR _____ MAKE _____ MODEL _____ LS-LX-SE _____ CYL (CIRCLE) AT AC 2DR 3DR 4DR 5DR TILT CRUISE 4WD 8' BOX PW PL P Seats CD P Sunroof Other _____ VIN _____ Mileage _____	<p style="text-align: center;">FINANCING BREAKDOWN</p> CASH PRICE.....\$ _____ TRADE ALLOWANCE.....\$ _____ AMOUNT OWED ON TRADE.....\$ _____ SALES TAX.....\$ _____ MISC. DEALER FEES.....\$ _____ CASH DOWNPAYMENT.....\$ _____ SERVICE CONTRACT.....\$ _____ AMOUNT TO FINANCE.....\$ _____
DESCRIPTION OF TRADE IN: YEAR _____ MAKE _____ MODEL _____ CYL _____ 4wd _____ Mileage _____	

I/We authorize dealer and any finance company, bank or other financial institution to which Dealer submits my application ("you") to investigate my credit and employment history, obtain credit reports and release information about your credit experience with me as the law permits. I/We apply for the loan indicated in this application which may be secured by a lien on the collateral described herein and represent that the property will not be used for any illegal or restricted purpose and that no other extension of credit has been or will be made in connection with this purchase and that all statements made in this application are true and made for the purpose of obtaining the loan. Verification may be obtained from any source named in this application or related documents. The original or a copy of this application will be retained by the Lender, even if the loan is not granted. I/We understand that it may be 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 any provisions of the United States Criminal Code. I/We are hereby notified that a consumer report may be requested in connection with this credit application. If I/We request, I/We will be informed whether or not a consumer report was requested and if such report was requested, I/We will be informed of the name and address of the consumer reporting agency that furnished the report. I am/We are further notified that subsequent reports may be requested or utilized in connection with an update, renewal or extension of the credit hereby requested should the Lender feel that this is appropriate.

SIGNATURE OF APPLICANT _____ Date _____ SIGNATURE OF JOINT APPLICATION _____ Date _____