



Phone: (800) 717-5180
Fax: (800) 717-5177

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

- INDIVIDUAL CREDIT** - relying solely on my income or assets. Married applicant are welcome to apply as individuals.
 JOINT CREDIT-with spouse.

SECTION A. Information regarding Individual Applicant:

LAST NAME (PRINT)		FIRST	INITIAL	BIRTH DATE	SOCIAL SECURITY	<input type="checkbox"/> MARRIED <input type="checkbox"/> UNMARRIED <input type="checkbox"/> SEPARATED	
ADDRESS		CITY	STATE	ZIP	HOME PHONE	HOW LONG?	<input type="checkbox"/> OWN <input type="checkbox"/> RENT
PREVIOUS ADDRESSES (TO COVER 5 YEARS)				HOW LONG?	CELL PHONE	MORTGAGE PAYMENT	
OCCUPATION OR RANK		PRESENT EMPLOYER		YRS. MOS.	WORK PHONE	\$ / mo.	
EMPLOYER'S ADDRESS							
BANK (MUST BE COMPLETED IF SELF EMPLOYED)		BRANCH	ACCOUNT NUMBER		BANK OFFICER	PHONE NUMBER	
PREVIOUS EMPLOYMENT (TO COVER 5 YEAR HISTORY)		ADDRESS		PHONE		HOW LONG?	
NEAREST RELATIVE OR PERSONAL REFERENCE		ADDRESS		RELATIONSHIP		PHONE	

VERIFIABLE INCOME:

Applicant's gross monthly **verifiable** income from employment.....\$ _____
 Amount of other monthly **verifiable** income Source: _____ \$ _____
TOTAL MONTHLY VERIFIABLE INCOME:.....\$ _____

DRIVER'S LICENSE
State:.....
DL #:.....

SECTION B. Information regarding Joint Applicant:

Complete only if applying for joint credit.

LAST NAME (PRINT)		FIRST	INITIAL	BIRTH DATE	SOCIAL SECURITY	<input type="checkbox"/> MARRIED <input type="checkbox"/> UNMARRIED <input type="checkbox"/> SEPARATED	
ADDRESS		CITY	STATE	ZIP	HOME PHONE	HOW LONG?	<input type="checkbox"/> OWN <input type="checkbox"/> RENT
PREVIOUS ADDRESSES (TO COVER 5 YEARS)				HOW LONG?	CELL PHONE	MORTGAGE PAYMENT	
OCCUPATION OR RANK		PRESENT EMPLOYER		YRS. MOS.	WORK PHONE	\$ / mo.	
EMPLOYER'S ADDRESS							
PREVIOUS EMPLOYMENT (TO COVER 5 YEAR HISTORY)		ADDRESS		PHONE		HOW LONG?	
NEAREST RELATIVE OR PERSONAL REFERENCE		ADDRESS		RELATIONSHIP		PHONE	

VERIFIABLE INCOME:

Applicant's gross monthly **verifiable** income from employment.....\$ _____
 Amount of other monthly **verifiable** income Source: _____ \$ _____
TOTAL MONTHLY VERIFIABLE INCOME:.....\$ _____

DRIVER'S LICENSE
State:.....
DL #:.....

VEHICLE		DEAL STRUCTURE			HAVE YOU EVER FILED BANKRUPTCY, OR IS A BANKRUPTCY PROCEEDING IN PROGRESS OR EXPECTED?	
Year:	Cash Selling Price: _____	Cash Down Payment: _____	Amount Financed: _____		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Make:		Trade-In Value: _____			TRADE-IN	
Model:		Payoff of Trade-In: _____			Year: _____	
Trim:		Net Trade: _____			Make: _____	
Mileage:		Total Down Payment: _____			Model: _____	

DISCLOSURE

I/we: (1) certify that the above information and all information provided in connection with this application is current, correct and complete; (2) authorize Woodside Credit and its assignees ("you") to verify the accuracy and completeness of all information from any source you choose including credit reporting agencies; (3) understand that you may retain this application and all other information you receive, whether or not the application is approved; and (4) authorize you to provide credit information about our credit experience with you to other creditors and credit reporting agencies.

APPLICANTS HEREBY ACKNOWLEDGE RECEIPT OF A COPY OF THIS APPLICATION.

X

DATE

X

DATE