FORD CREDIT			BUSINESS CREDIT APPLICATION		DEALER		LOCATION				
							PHONE		FAX		
Leg	44 ial Name:				Date of Birth (fe	or Individuale):	DBA	1.			
				122	Date of Diffi (it	or marriduais).	DDF				
Stat	Proprietorship e-issued Organizat		Sub \$	LLC.	Partnership			ax Exempt l		•	
					5	tate of Organizati	on or state of le	gai residen	ce for individua	is:	
soc	C SEC#/TAXID#	GrossP	rofit(Monthly	(Income)	Type of Bu	ısiness	Yrs in Busines	s	E-Mail and W	ebsite Address	
Prim	ary Legal/CEO Addre	ess: Street		City		County		State	Zip		
Billin (if dif	ng Address: Street fferent from above)		-	Citý		County		State	Zip	All the second	
Fleet Manager Name:				Phon	e #	E-mail	Address				
Gara	Garage Address: Street			City		County		State	Zip		
Phone #		Fax #	Fax #		e Phone #	Contact Name					
Own	er/Guarantor: Name		Title	Address		PH#	Social Se	curity / TN #	Date of Birth	Ownership %	
Own	er/Guarantor: Name		Title	Address		PH#	Social Se	curity / TN #	Date of Birth	Ownership %	
Not	te: Sole Propriet	tor, Individual C	o-Applican	t(s) or Indivi	dual Guaranto	r(s) must com	plete this seci	tion			
	Individual (First Nan	ne, Middle Name, Las	t Name, Suffix)			ocial Security Numb		-	of Birth		
Complete for Individuals only	Home Phane ()		wn Home Out		ng with Relatives sing/Renting	Lived There	Yrs. Mo	e .	Driver's License	No. & State	
	Previous Employer	Business (if less than			ress	Lifed Micie	113110		Phone Number		
	Monthly Income	Secondary In	come *	Source	1.	Alimony, child suppo	ort or separate mai	ntenance inc	ome need not be i	révealed if you	
	Mortgage Holder / L	andlord (Name & Add	ress)	1		o not wish to have it		asis for repa			
	Mortgage Holder / Landlord (Name & Address) Mortgage Holder / Landlord Phone Mortgage Payt / Monthly ! () Name & address of references (not in household). You, your affiliates, agents, and service providers may contact the Relationship Home Phone									normay resit	
	following references	s at any time, as perm	itted by law, re	garding my acco	gents, and service unt.	providers may conti	act the Relations	hip	Hame Phone		
Ö	(1)						Retationsh	nip (Hame Phone		
-	(2)	Please use additi	onal applicati	ons if more sna	re is needed for m	ultiple owner, qua	rantor or applican	t informatio	()		
Have	e you previously done l	business with Ford Cre	TOTAL DESIGNATION OF THE PARTY	THE RESERVE AND ADDRESS OF THE PARTY OF THE		otapie owier, qua	anter or apprican	r miorinane			
List o	other creditors you do	business with: City & Sta			ohone #	01					
				19(8)	onone #	Conta	ict		Account #		
Trad	e	City & Sta			phone #	Conta			Account #		
Forth	ne purpose of securing on	edit from Ford Motor Crev	lit Company ("Fo	rd Cradit") pack at	the partine cionina hal-	A RELATIONSHIP ow (the "Undersigned"	Consultation of the second teachers.	- Tadio	is true and complete.	The Undersigned	
sell, t	transfer, or assign any co	redit secured from Ford	Credit and any o	r all servicing right	y income, and provide s with respect thereto,	or grant participation	stherein or issue sec	t experience w curities with rec	ith Ford Credit, and spect thereto.	(ii) at any time.	
partic	cipation transaction invol	lving any credit granted i	to the Undersign	nd Ford Credit to a lied.	any potential investor,	rating agency, and ar	ly other party involve	d in the sale, t	ransfer, assignment	t, securitization, or	
		n and disclose to other p Indersigned authorizes a gned agrees that Ford Cr									
inform	nation, account informat	ion and credit experience	creat approation	ns, financial staten	tents and organization	al documents. This is	a continuing authoriza	ation for all pre	sent and future disc	losures of financial	
and fi	uture requests for credit	signed's credit worthines: . Upon request from any Undersigned, as applica	of the Undersion	, credit capacity, cn	aracter, general reputa	alion, personal charact	enstics, orway of livin				
The L	Indersigned each agree Undersigned also expre	that Ford Credit, its affilia	ates, agents and	service providers r	nay monitor and recor	d telephone calls regar	rding my account to a				
its aff	filiales, agents and service	anual calling methods, pr ce providers may do so u r the Undersigned incur	sing any e-mail :	inciai voice messaç address or any fele							
SEE	NEXT PAGE OF THIS	FORM FOR IMPORTAN	TINFORMATIO	N FOR CALIFORN	NA, MAINE, OHIO, R	HODE ISLAND, TENI	NESSEE, AND VERI	MONT.			
App	licant Signature				Title			_	Date		
	end to apply for joir	nt credit			1110				Jate		
	Applicant Signature	Applicant Ir	ntial Here		Title			_	Note		
	end to apply for joir				1100	I .	and the second second second second second)ate	-	
	\$1.5	Co-Applica	nt Initial Here								
Gua	rantor Signature_	Anata aurt	to all applications		_Title				Date		
	"II corp	orate guarantor, authori	zea officer mus	sign and show co If individu	orporate title. If partne al guarantor, show "li	ership guarantor, a ge ndividual" as Title	neral partner must s	ign and show	"Partner" as Title,		