

# GMAC FINANCIAL SERVICES

BRANCH NUMBER

CSG NUMBER

DEALER NUMBER

Business Type:  Corp  Part  
 LLC  Prop

LAST NAME OR BUSINESS NAME

DATE OF BIRTH (M/MDDYY)

FIRST NAME

MI

SOCIAL SECURITY NUMBER or (TAX ID #)

PO BOX NUMBER

CURRENT STREET NUMBER

CURRENT STREET NAME (MAILING ADDRESS)

CITY

STATE

ZIP CODE

(AREA CODE)

HOME PHONE

MTG PAYMENT OR RENT

TIME AT ADDRESS

Own  Other  
 Rent  Family

YRS MOS

EMPLOYED BY or TYPE OF BUSINESS (if business application)

OCCUPATION

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.

(AREA CODE)

BUSINESS PHONE

GROSS ANNUAL INCOME (ALL SOURCES)

TIME EMPLOYED

YRS MOS

- Car
- Light Truck
- Med. Duty Truck
- Conversion Van

- Demo
- Off-Lease

- College Grad Plan
- Lease Loyalty
- Single Pmt. Lease
- SmartBeginnings
- Custom Pmt. Plan
- Lease to Retail

- Finance
- SmartLease
- SmartBuy
- ComTRAC
- New
- Used
- Certified Used
- Auction

PRODUCT USE:  Personal  Commercial  Credit Line

CASH SELLING PRICE

MSRP

TERM

EST PAYMENT

SEC DEP

NET TRADE

(yr)

TRADE-IN (make)

MILEAGE (thousands)

UPFIT COST

CASH CAP RED REBATE

VEHICLE YR

MAKE

CYL

# of UNITS

COST OF CHASSIS

CAP COST OR UNPAID BAL

MODEL CODE

MODEL DESCRIPTION

USED VEHICLE OPTIONS

- W/O Air
- Sunroof
- Tape/Disc
- Cruise
- Pwr Windows
- Pwr Seats
- Leather Seats
- 4 WD
- Manual Trans
- Alum/Wire Wheels
- TTops
- Third Door

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TIME EMPLOYED

YRS MOS

This application will be submitted to GMAC (GMAC North America for Ohio Dealers), GMAC Automotive Bank, and C.O.L. Trust (if this is a lease application), all at P.O. Box 33414, Detroit, MI 48232, and (if this is a purchase application) to Nuvel Credit Corp. (a GMAC affiliate) at P.O. Box 242510, Little Rock, AR 72223, so that they may decide whether or not to purchase the transaction.

**Your Opt-Out Right:** If you want GMAC's and GMAC Automotive Bank's 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). See the GMAC Privacy Notice for more information.

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 the other side for important notices. By signing below, I certify that (1) I have read and agree to the terms of this application, including terms on the other side, and (2) I have received and read the GMAC Privacy Notice.

Date

Date

Applicant's Signature

Co-Applicant's Signature