



# FUNANCING INSTALLMENT PROGRAM

36587

WISCONSIN: No provision of any marital property agreement, unilateral statement under Section 766.59 Wis. Stats., or court decree under Section 766.70 adversely affects the interest of the creditor unless the creditor, prior to the time the credit is granted or an open-end credit plan is entered into, is furnished a copy of the agreement, statement or decree or has actual knowledge of the adverse provision. MARRIED WISCONSIN APPLICANTS: If you are applying for INDIVIDUAL credit or JOINT credit with someone who is not your spouse, combine your and your spouse's information on this Application.

## Applicant

APPLICATION MUST BE SIGNED. PLEASE PRINT CLEARLY.

\_\_\_\_\_  
First Name M. Initial Last Name SR., JR., III

\_\_\_\_\_  
Do You (Check One)  Own  Rent  Other

\_\_\_\_\_  
Present Address \*If P.O. Box, list name, address, city, state, zip of nearest living relative.

\_\_\_\_\_  
City State Zip Years at Residence \$ Monthly Payment # of Dependents

\_\_\_\_\_  
Home Phone Social Security Number Birth Date / /  
Month Day Year

\_\_\_\_\_  
Your Employer How Long (Yrs.) Total Annual Income\*

\_\_\_\_\_  
Business Phone Previous Employment Time if less than 2 Years How Long (Yrs.)

**\*NOTE: Alimony, child support or separate maintenance payments need not be disclosed unless relied upon for credit.**

Nearest Relative Not Living With You:

## Joint Applicant

\_\_\_\_\_  
Name Address City State Zip Home Phone

\_\_\_\_\_  
First Name M. Initial Last Name SR., JR., III  Spouse  Other  
Relationship to Applicant

\_\_\_\_\_  
Present Address \*If P.O. Box, list name, address, city, state, zip of nearest living relative. Social Security Number

\_\_\_\_\_  
City State Zip Birth Date / /  
Month Day Year

\_\_\_\_\_  
Home Phone Business Phone

\_\_\_\_\_  
Your Employer How Long (Yrs.) Total Annual Income\* Previous Employment Time if less than 2 Years How Long (Yrs.)

\*Married Wisconsin Residents: We are required to ask you to furnish the name and address of your spouse if different than the Joint Application Information.

By signing below I/We ("I", "me", "my") submit this Application to GE Money Bank, Salt Lake City, Utah ("Bank") to apply for a loan or for consideration as to whether a retail installment contract with me would meet its purchase requirements, to purchase a FUNancing Network Installment Financing qualifying product to be used for personal, family or household purposes. I am providing the above information to the Bank, the manufacturer sponsor, and to the dealer taking this application (the "Dealer"). I authorize and direct the Bank to furnish information about me (including whether this application is approved or declined) and, if it is approved, information about my account, to the manufacturer sponsor, and to the Dealer, for use in connection with the FUNancing Network Installment Financing Program, including to create and update their customer records about me, to assist them in better serving me, and to provide me with notices of special promotions, catalogs and tailored offerings. I authorize the Bank to make inquiries the Bank considers necessary (including verifying my credit, employment and income references and requesting reports from consumer reporting agencies and other sources) in evaluating my application, and subsequently, as long as my account remains open, or is closed with an unpaid balance. I also authorize the Bank to use the credit reports and other information for other purposes, including considering me for additional products and services that are offered by the Bank directly or by its affiliates. Upon my request, the Bank will inform me of the name and address of each consumer reporting agency from which it obtained a consumer report about me. The creditor is also authorized to give consumer reporting agencies (credit bureaus) and others information regarding the creditor's credit experience with me. I understand that this is an application for credit and not an agreement to extend credit and if credit is extended it will be subject to a credit agreement.

NOTICE TO OHIO RESIDENTS: The Ohio laws against discrimination require that all creditors make credit equally available to all credit-worthy customers, and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio Civil Rights Commission administers compliance with this law. I UNDERSTAND THAT THE TERMS OF THE CREDIT AGREEMENT INCLUDE AN ARBITRATION PROVISION WHICH MAY SUBSTANTIALLY LIMIT MY RIGHTS, INCLUDING BUT NOT LIMITED TO MY RIGHT TO HAVE A JUDGE OR A JURY DECIDE MY DISPUTE. I understand that I may apply for my own account, regardless of marital status. I certify that all information provided in this application is true and complete and I am 18 years of age or older.

ABOUT THE ANNUAL PERCENTAGE RATE OF FINANCE CHARGE: The Annual Percentage Rate may be negotiated with the Dealer. The Bank may pay part of the Finance Charge to the Dealer. **Federal law requires the Bank to obtain, verify, and record information that identifies me/us when I/we open an account. The Bank will use my/our name, address, and other information for this purpose.**

DO NOT SIGN THIS CREDIT APPLICATION BEFORE READING IT.

X \_\_\_\_\_ X \_\_\_\_\_  
Applicant Signature Date Joint Applicant Signature Date

Applicant's ID (Type and Number) Expires Joint Applicant's ID (Type and Number) Expires

## Store Use Only - Collateral Information

Select Product Type  RV  HD Motorcycle  Motorcycle  Marine  Horse/Utility Trailer  Living Quarters Trailer  Outdoor Power Equipment

\_\_\_\_\_  
Make Model

\_\_\_\_\_  
Year Size/CC's Length (FT) Is the Product:  New  Used \$ If New, Invoice Price If Used, Mileage on Vehicle

Trailer included with purchase:  Yes  No  N/A

## Sales Information

1 \$ \_\_\_\_\_ Cash Sale Price

1a \$ \_\_\_\_\_ Accessories

2 \$ \_\_\_\_\_ Sales Tax

3 \$ \_\_\_\_\_ Cash Down Payment

4a \$ \_\_\_\_\_ Gross Trade-In

4b \$ \_\_\_\_\_ Less Amount owed on Trade-In

4c \$ \_\_\_\_\_ Net Trade-In (4a-4b)

6 \$ \_\_\_\_\_ Total Down Payment

7 \$ \_\_\_\_\_ Unpaid Cash Sales Price

8a \$ \_\_\_\_\_ Filing Fee

8b \$ \_\_\_\_\_ Titling Fee

8c \$ \_\_\_\_\_ Doc Fee

8d \$ \_\_\_\_\_ Other Fees

9 \$ \_\_\_\_\_ Warranty

10 \$ \_\_\_\_\_ Amount Financed

## Store Information

\_\_\_\_\_  
CONTACT NAME STORE NUMBER

\_\_\_\_\_  
STORE FAX STORE PHONE

60031-002-0011 (02/05) CI 36587

