



PERSONAL USE
 BUSINESS USE
 JOINT APPLICATION WITH _____
 I INTEND TO APPLY FOR JOINT CREDIT _____ (Initials)

TELEPHONE:
800.438.8892
FACSIMILE:
800.438.8894

P.O. Box 1704 Clemmons, North Carolina 27012

Financing your Dreams.

PLEASE PRINT CLEARLY

| | | | | | |
|---|----------------------------|------------------------------|---|--|---|
| DATE | SALES PERSON | DEALER NAME | | TELEPHONE NUMBER () | |
| PROMOTION | APPROVAL # | REQUESTED AMOUNT | # PAYMENTS | DEALER # | FAX NUMBER () |
| APPLICANT | | | EMPLOYMENT INFORMATION • SELF-EMPLOYMENT | | |
| LAST NAME | FIRST NAME | MIDDLE NAME | JR., SR. | CURRENT EMPLOYER (IF SELF-EMPLOYED, BUSINESS NAME) | HOW LONG? YRS _____ MOS _____ |
| PRESENT STREET ADDRESS (NOT P.O. BOX) | | APT. # | EMPLOYER ADDRESS | CITY | STATE ZIP CODE |
| CITY | STATE | ZIP CODE | BUSINESS PHONE # () | POSITION | |
| HOME TELEPHONE () | CELL PHONE () | | <input type="checkbox"/> CHECK IF LOAN TO BE IN BUSINESS NAME SHOWN ABOVE. GUARANTY AGREEMENT REQUIRED. | | |
| SOCIAL SECURITY # | DATE OF BIRTH _ / _ / _ | TIME AT ADDRESS YRS _____ | BANKING INFORMATION CHECK ALL THAT APPLY | | <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS APPLICANT SALARY \$ _____ GROSS MONTHLY |
| MAILING ADDRESS (IF DIFFERENT FROM ABOVE) | | | LANDLORD OR MORTGAGE HOLDER | | |
| CITY | STATE | ZIP CODE | PAYMENT \$ _____ | <input type="checkbox"/> BUY <input type="checkbox"/> PARENTS <input type="checkbox"/> RENT <input type="checkbox"/> OTHERS | |
| NAME OF NEAREST RELATIVE NOT LIVING WITH YOU | | ADDRESS | CITY | STATE | TELEPHONE # () |
| EQUIPMENT INFORMATION (attach additional sheets if more space is needed) | | | | | |
| DESCRIPTION | MODEL # | SERIAL / VIN # | PRICE | | |
| 1. _____ | | | \$ _____ | | |
| 2. _____ | | | \$ _____ | | |
| 3. ACCESSORIES, SERVICE, SALES TAX AND OTHER CHARGES/FEES | | | \$ _____ | | |
| NOTICE TO DEALER: THIS INFORMATION WILL BE USED TO PREPARE YOUR CUSTOMER'S CONTRACT. INCORRECT INFORMATION WILL DELAY FUNDING. <small>*If equipment being traded-in is financed through Sheffield, call us for pay-off and instructions.</small> | | | TOTAL (LINES 1-3)..... \$ _____ | | |
| | | | LESS CASH DOWN PAYMENT..... - \$ _____ | | |
| | | | LESS TRADE-IN*..... - \$ _____ | | |
| | | | REQUESTED AMOUNT \$ _____ | | |

This Application for Credit ("Application") is to Sheffield Financial LLC ("Sheffield"). I have read this Application, and everything stated in it is true. I authorize Sheffield to check my credit, employment history, or any other information, and to report such information, and its credit experience with me, to others. I am at least 18 years of age.

I hereby certify that the property purchased pursuant to this application is for my personal and/or business use; that I am fully responsible for making all payments for such property; that such property will be in my possession or under my control until the amount financed and all finance charges have been paid in full; and that I am not purchasing any property financed through Sheffield for the benefit or use of another without the prior written approval of Sheffield.

Information about you or your account may be shared by Sheffield with its related companies for marketing or administrative purposes. You may prohibit such sharing of information, other than information pertaining solely to transactions or experiences between you and Sheffield (or a Sheffield-related company), by writing to Sheffield Financial LLC Retail Financing, P.O. Box 1704, Clemmons, NC 27012, and including your name, address, home phone number and all Sheffield account number(s).

IMPORTANT INFORMATION ABOUT ACCOUNT OPENING PROCEDURES: Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who requests to open an account prior to account opening.

WHAT THIS MEANS TO YOU: When you apply for credit, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents. Failure to provide the required information may result in denial of your request to open an account.

Signature (Applicant) _____ Date _____

CREDIT RESPONSE IN 15 MINUTES

WWW.SHEFFELDFINANCIAL.COM