

**CONSUMER CREDIT APPLICATION**

**A. FINANCE & VEHICLE INFORMATION**

Type of Contract <input type="checkbox"/> Select	<input type="checkbox"/> Lease <input type="checkbox"/> Retail	<input type="checkbox"/> Pre-Pay Lease <input type="checkbox"/> Owners Choice	Center Number	Center Name	Phone	Contact
<b>CONTRACT FINANCE INFORMATION</b>	MSRP \$	Selling Price \$	Cash Down \$	Net Trade-In \$		
	Other Charges \$	Amount Financed \$	Term \$	Monthly Payment \$		
<b>VEHICLE INFORMATION</b>	Year	<input type="checkbox"/> New <input type="checkbox"/> Used <input type="checkbox"/> Demo	Make	Model	Mileage	
<b>TRADE-IN INFORMATION</b>	Year			Model	Mileage	

**B. PRIMARY PERSONAL INFORMATION**

<b>P E R S O N A L I N F O</b>	Social Security Number	Last Name	First Name	Middle Initial	Jr/Sr.	
	Date of Birth	Home Phone	E-Mail			
	Present Address	City	State	Zip	Country	How Long? Yrs. Mos.
	Previous Address	City	State	Zip	Country	How Long? Yrs. Mos.
	Nearest Relative Not Living With You - Last Name		First Name		Home Phone	
	Address		City		State	
<b>E M P L O Y M E N T</b>	Employer Name	Employer Phone	Years of Service Yrs. Mos.	Occupation		
	Business Address	City	State	Zip	Gross Annual \$	
	Previous Employer	Employer Phone	Years of Service Yrs. Mos.	Occupation		
	Other Annual Income \$	Source of Annual Income			Self Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>E D</b>	Education Background (Highest Level) <input type="checkbox"/> High School <input type="checkbox"/> 2 Yr. College <input type="checkbox"/> 4 Yr. College <input type="checkbox"/> Graduate School					
<b>F I N A N C E</b>	Residence <input type="checkbox"/> Mortgage <input type="checkbox"/> With Relatives <input type="checkbox"/> Renting <input type="checkbox"/> Own Free & Clear	Monthly Payment \$	Personal Finance <input type="checkbox"/> Checking <input type="checkbox"/> Savings			
	Have You Ever Obtained Credit Under a Different Name? <input type="checkbox"/> No <input type="checkbox"/> Yes (List Names)			Have You Ever Filed Bankruptcy? <input type="checkbox"/> No <input type="checkbox"/> Yes (Date / / )		

**C. CO-APPLICANT PERSONAL INFORMATION**

<b>P E R S O N A L I N F O</b>	Social Security Number	Last Name	First Name	Middle Initial	Jr/Sr.	
	Date of Birth	Home Phone	E-Mail			
	Present Address	City	State	Zip	Country	How Long? Yrs. Mos.
	Previous Address	City	State	Zip	Country	How Long? Yrs. Mos.
	Nearest Relative Not Living With You - Last Name		First Name		Home Phone	
	Address		City		State	
<b>E M P L O Y M E N T</b>	Employer Name	Employer Phone	Years of Service Yrs. Mos.	Occupation		
	Business Address	City	State	Zip	Gross Annual \$	
	Previous Employer	Employer Phone	Years of Service Yrs. Mos.	Occupation		
	Other Annual Income \$	Source of Annual Income			Self Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>E D</b>	Education Background (Highest Level) <input type="checkbox"/> High School <input type="checkbox"/> 2 Yr. College <input type="checkbox"/> 4 Yr. College <input type="checkbox"/> Graduate School					
<b>F I N A N C E</b>	Residence <input type="checkbox"/> Mortgage <input type="checkbox"/> With Relatives <input type="checkbox"/> Renting <input type="checkbox"/> Own Free & Clear	Monthly Payment \$	Personal Finance <input type="checkbox"/> Checking <input type="checkbox"/> Savings			
	Have You Ever Obtained Credit Under a Different Name? <input type="checkbox"/> No <input type="checkbox"/> Yes (List Names)			Have You Ever Filed Bankruptcy? <input type="checkbox"/> No <input type="checkbox"/> Yes (Date / / )		

**D. COMMENTS**

Yes <input type="checkbox"/> No <input type="checkbox"/> Previous BMW Financial Services Customer Yes <input type="checkbox"/> No <input type="checkbox"/> Wave Security Deposit per Program (include acct. # or VIN in comments) Yes <input type="checkbox"/> No <input type="checkbox"/> Waive Security Deposit with Rate Adder Yes <input type="checkbox"/> No <input type="checkbox"/> Certified Pre-Owned Yes <input type="checkbox"/> No <input type="checkbox"/> Foreign National (Fax Foreign National Checklist) Yes <input type="checkbox"/> No <input type="checkbox"/> College Grad Program	Additional Comments: _____ _____ _____ _____
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