



Application Type: Individual Joint for _____ Dealer _____ Lot # _____

Customer Information and Physical Address (Complete a separate application for applicant and joint applicant)

SSN _____ - _____ - _____ DOB _____ / _____ / _____ Optional: If you desire, please choose one: Mr Mrs Ms Maiden Name _____

First Name _____ MI _____ Last Name _____ II III IV
 Sr Jr

Street Number _____ Street Name _____ Apt _____ Primary Driver Yes No

City _____ State _____ Zip Code _____

Primary Phone _____ Extension _____ Cell** Home Other Email _____

Secondary Phone _____ Extension _____ Cell Home Work Other Email _____

Phone _____ Extension _____ Cell Home Work Other Email _____

Phone _____ Extension _____ Cell Home Work Other Email _____

Vehicle Insurer Name _____ Insurer Phone _____ Max deductible = \$550
 Make Credit Acceptance loss payee/lienholder

Policy # _____ Agent _____ Driver License # _____ License Plate# _____

Mailing Address (if different than current residence)

Street Number _____ Street Name _____ Apt# _____ City _____ State _____ Zip Code _____

Previous Address

Street Number _____ Street Name _____ Apt# _____ City _____ State _____ Zip Code _____

Residence Information

Residence Self or Spouse Landlord Military At Residence Owned By: Relative Since: _____ / _____

Savings Checking Prepaid Debit Card Bank Name _____

Landlord Name _____ Phone _____ Extension _____

Street Number _____ Street Name _____ Apt# _____ City _____ State _____ Zip Code _____

Primary Income Information (*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)

Income Type Employee (Gets W2) Fixed Income* Unemployed
 Self Employed (No W2) Temp Service Employee

Monthly Pay \$ _____ Start/Hire Date _____ / _____ / _____

Employer Name _____ Occupation _____

Street Number _____ Street Name _____ Ste# _____ City _____ State _____ Zip Code _____

Employment Verification Phone _____ Extension _____

Physical Work Location Name _____ Physical Work Location Phone _____ Extension _____

Street Number _____ Street Name _____ Ste# _____ City _____ State _____ Zip Code _____

Secondary Income Information (*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)

Income Type Employee (Gets W2) Fixed Income* Unemployed
 Self Employed (No W2) Temp Service Employee

Monthly Pay \$ _____ Start/Hire Date _____ / _____ / _____

Employer Name _____ Occupation _____

Street Number _____ Street Name _____ Ste# _____ City _____ State _____ Zip Code _____

Employment Verification Phone _____ Extension _____

Physical Work Location Name _____ Physical Work Location Phone _____ Extension _____

Street Number _____ Street Name _____ Ste# _____ City _____ State _____ Zip Code _____



Third Income Information (*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)

Income Employee (Gets W2) Fixed Income* Unemployed
Type Self Employed (No W2) Temp Service Employee

Monthly Pay \$ Start/Hire Date / /

Employer Name Occupation

Street Number Street Name Ste# City State Zip Code

Employment Verification Phone Extension

Physical Work Location Name Physical Work Location Phone Extension

Street Number Street Name Ste# City State Zip Code

California Applicants: If you are married, you may apply for a separate account.

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.

Ohio Applicants:

WISCONSIN RESIDENTS ONLY: Notice to married applicants: No provision of any marital property agreement, a unilateral statement under Wis. Stat. § 766.59 or a court decree under Wis. Stat. § 766.70 adversely affects the interest of the creditor unless the creditor, prior to the time the credit is granted, is furnished a copy of the agreement, statement or decree or has actual knowledge of the adverse provision when the obligation to the creditor is incurred. The credit being applied for, if granted, will be incurred in the interest of my marriage or family. I understand that the creditor may be required by law to give notice of the credit transaction to my spouse.

I acknowledge that pursuant to the Fair Credit Reporting Act, my application will be submitted to Credit Acceptance Corporation, a Michigan corporation, and/or any of its affiliates or subsidiaries or divisions ("Credit Acceptance") for review with the assignment of a sales finance contract written, or to be written, in connection with my purchase.

I certify that the above information is complete and accurate. I understand and acknowledge that Credit Acceptance will retain this application whether or not it is approved.

I also understand and acknowledge that if I ask, I will be informed if a credit report has been requested in connection with this application for credit, and the name and address of the Credit Reporting Agency that furnished the report.

**** Email and Cellular Communication Consent:** By signing below I authorize and give consent to Credit Acceptance to use the email address and cellular telephone numbers I have provided on this application or which Credit Acceptance obtains to communicate with me for any purpose whatsoever, including but not limited to communication regarding my account activity, status and to collect any debt obligation I owe to Credit Acceptance. This authorization includes consent for Credit Acceptance to make calls to any of my current or future cellular telephone numbers using any automatic telephone dialing systems or artificial or prerecorded voice.

Spousal Consent: By signing below I authorize and give consent to Credit Acceptance to discuss my account with my spouse, if applicable, including discussing my account activity, status and payment arrangements.

Applicant Signature _____ Date _____