

OPENROADUSA

PH: 270-763-1109
FAX: 270-763-1110

DEALER NAME _____
TELEPHONE _____
FACSIMILE _____
CONTACT _____

CREDIT APPLICATION

PLEASE PRINT – Incomplete application will NOT be processed. Complete SEPARATE form for each applicant.

Full Name: First Middle Last	Soc. Sec. # - -	Birth Date / /	
Home Phone: ()	Cell Phone/Beeper: ()	E-Mail address:	
Home Address: Number & Street	City	County State Zip Code	Time At Residence? Yrs. Mos.
Own <input type="checkbox"/> Rent <input type="checkbox"/> Live w/ parents <input type="checkbox"/>	Mortgage Holder/Landlord Name & Full Address	Mo. Amount \$	
Previous Home Address: If above less than 3 years	Number & Street	City State Zip Code	Time At Residence? Yrs. Mos.
Employed Retired Military Unemployed	Employed By: Do you own this place of business? YES NO	Address City State Zip Code	
Contact Name/Phone No. ()	Title/Occupation:	Time At Employer? Yrs. Mos	Monthly Income: \$
Employed Retired Military Unemployed	Employed By: If above less than 3 years Did you own this place of business? YES NO	Address City State Zip Code	
Contact Name/Phone No. ()	Title/Occupation:	Time At Employer: Yrs. Mos.	Monthly Income: \$

Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for this obligation.

Other Income Information	Source or Kind:	Received From:	Amount (per mo): \$	Tax Exempt? YES NO
Has the applicant filed for bankruptcy within the last 2 years?	YES NO	YEAR		
Has the applicant ever had anything repossessed?	YES NO	YEAR		

Name, Address and Phone Number of Personal References (Persons Not Living with You)

Relative Name	Address	City	State	Zip
Home Phone ()	Work Phone ()	Relationship		
Personal Name	Address	City	State	Zip
Phone ()	Work Phone ()	Relationship		

By signing this credit application, you certify that all of the statements in this application are true and complete and are made for the purpose of obtaining credit. You authorize **OPENROADUSA** to share the application and related information with its lending partners in order to complete the processing of this application. You authorize **OPENROADUSA** and its lending partners to retain and rely on this application, and to obtain additional information, including credit reports. In addition, you acknowledge that our privacy policy is always available on request at 1-800-882-0778.

Applicant Signature X

Date

Physical Address Where Vehicle Will Be Garaged (No P.O. Box)

Number & Street	City	State	Zip Code
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Desired Down Payment \$	Desired Monthly Payment \$	Desired Term
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DEALER TO COMPLETE MOTORCYCLE DESCRIPTION & PRICE INFORMATION

YEAR	BASE PRICE	DOC FEE
MAKE	ACCESSORIES	LICENSE FEE
MODEL	TOTAL BIKE COST	SETUP FEE
COLOR	WARRANTY	FRT/PREP
MILEAGE	GAP	THEFT PREVENTION(ETCHING)
CC'S	VIN	*itemize accessories on separate sheet