"EQUAL OPPORTUNI"	TY I FNDF	R"				Dlease f	ully con	nlete an	d sign he	elow (please print)
DEALER DEALER PHONE				DEALER FAX			APPLICANT'S LAST NAME			DAY'S DATE
PUMPKIN LLC 609-646-7676						AFFEICANT 3 LAST NAIVIL		TODAY 3 DATE		
					2122					
USED X						CASH PRICE (Line 1 of contract) \$				
MILEAGE VIN#				CASH DOWN \$						
				CASH E	OOWN	\$				
TRADE-IN YEAR MAKE MODEL# DESCRIPTION					LESS: NET TRADE \$ \$					
DEALER EMAIL		DEALER#				ΙΙΝΡΔΙ	Ο ΒΔΙΔΙ	NCF		¢
INFO@PUMPKINCARS.0	СОМ		006	33U		UNPAID BALANCE \$				<b>Y</b>
*BUYERS CREDIT INFORMAT						PLUSI	NSURAN	ICF. DM\	,	
If this is an INDIVIDUAL appl		plete the inf	ormat	ion under		PLUS INSURANCE, DMV AND ALL OTHER CHARGES \$				
SECTION 1. If this is a JOINT					ete	1				Υ
section 2 & include debts in section 1. (If married, the spouse is not required						TOTAL	AMOU	NT FINAN	ICED	Ś
to be the joint applicant)						TERM MONTHS				
LAST NAME	FIRST N	IAME		MIDDLE	NAME	DATE OF BIRTH FORMER OR MAIDEN NAME				
1.										
PRESENT	ADDRESS			APT #		CITY		STATE	Z	IP CODE
HOW LONG? HOME PHONE ( )				CELL PHONE		RENT/MTG. PAYMENT			ENT	
PREVIOUS ADDRESS (IF PRESENT AL	DDRESS IS LESS T	THAN 5 YEARS)								
SOCIAL SECURITY NUME	BER				DRIVER LIC	CENSE # EXP. DATE				
//						/.	<u> </u>	<del></del>		//
NAME AND ADDRESS OF EMPLOYER					OSITION		CI	TY/STATE/		
HOURS WORKED BUSINESS PHONE EXTENSION				P	TIME EMPLOYED					
GROSS WEEKLY/MONTHLY/ANNUA	I FARNINGS (RE	FORE TAYES)	SLIDER	RVISORS NAM	E		PHONE	# EOR EMD	YRS./	MOS. VERIFICATION / EXT.
\$	/PER	TOKE TAXES)	JOI LI	WISONS WAIN			1	1	LOTIVILIAT	/ /
NAME AND ADDRESS OF PART-TIM	E EMPLOYER AN	ID/OR PREVIOU	S EMPL	OYER IF LESS	THAN 2 YEA	ARS	C	TY/STATE/	ZIP	,
GROSS WEEKLY/MONTHLY/ANNUA	L EARNINGS (BE	FORE TAXES)	SUPE	RVISORS NAM	IE		В	USINESS PH	IONE	
\$ /PER								( )		
						1		-	,	
LAST NAME FIRST NAME				MIDDL	E NAME	DATE OF BIRTH		FORMER OR MAIDEN NAME		
2.						/ /		/		
PRESENT.	ADDRESS			APT#		CITY		STATE	7	IP CODE

2.				/ /		
PRESENT ADDRESS		APT#	CITY	STATE	ZIP COI	DE
HOW LONG? HOME PHONE		CELL PHONE		RELAT	   IONSHIP TO APPLIC	CANT
SOCIAL SECURITY NUMBER	<u>'</u>	DRI'	VER LICENSE #	EXP. DATE		
//		/	/	_/		/
NAME AND ADDRESS OF EMPLOYER				CITY/STATE/ ZIP		
HOURS WORKED BUSINESS PHONE	EXTENSION	POSITION		TIME EMPLOYED		
( )	/				YRS./	MOS.
GROSS WEEKLY/MONTHLY/ANNUAL EARNINGS (BE	RVISORS NAME		PHONE # FOR EMPLOYMENT VERIFICATION / EXT.			
\$ /PER				( )		1

FEDERAL LAW REQUIRES THAT YOU RECEIVE A CREDIT DISCLOSURE STATEMENT UPON SIGNING THIS APPLICATION FROM SELLER. FAIR CREDIT REPORTING ACT NOTICE TO CONSUMER
THIS CREDIT APPLICATION SHALL BE SUBMITTED TO ANY OF THE FOLLOWING BANKS: JP MORGAN CHASE FINANCIAL BANK, N.A., GATEWAY ONE LENDING & FINANCE, JERSEY SHORE FEDERAL CREDIT UNION AND/OR MARINER
FINANCE SO THAT ANY OR ALL OF THE ABOVE MENTIONED FINANCIAL LENDING INSTITIONS MAY DECIDE WHETHER OR NOT TO PURCHASE THE TRANSACTION. BY SIGNING THIS APPLICATION I, //WE CERTIFY THAT ALL
INFORMATION GIVEN BY ME/US ON THIS APPLICATION IS COMPLETE, ACCURATE AND TRUE. I/WE AUTHORIZE THE DEALER AND JP MORGAN CHASE FINANCIAL BANK, N.A., GATEWAY ONE LENDING & FINANCE, JERSEY SHORE
FEDERAL CREDIT UNION AND/OR MARINER FINANCE TO INVESTIGATE MY/OUR CREDIT, EMPLOYMENT HISTORY, TO OBTAIN CREDIT REPORTS AND OR MOTOR VEHICLE RECORDS AND TO EXCHANGE OR REPORT ANY
INFORMATION WHICH HAS BEEN PROVIDED ON THIS APPLICATION. I/WE AUTHORIZE MY/OUR EMPLOYER(S) TO RELEASE SUCH EMPLOYMENT INFORMATION AS MAY BE REQUIRED BY JP MORGAN CHASE FINANCIAL BANK,
N.A., GATEWAY ONE LENDING & FINANCE, JERSEY SHORE FEDERAL CREDIT UNION AND/OR MARINER FINANCE. I/WE UNDERSTAND THAT THIS APPLICATION. I/WE FURTHER AGREE THAT THE DEALER, JP MORGAN CHASE
FINANCIAL BANK, N.A., GATEWAY ONE LENDING & FINANCE, JERSEY SHORE FEDERAL CREDIT UNION AND/OR MARINER FINANCE SHALL RETAIN THIS APPLICATION WHETHER OR NOT IT HAS BEEN APPROVED.

APPLICANT SIGNATURE REQUIRED	DATE	CO-APPLICANT SIGNATURE REQUIRED	DATE
X		X	