

CUSTOMER APPLICATION

Date _____

Amount Requested _____

CUSTOMER INFORMATION									
Name					Date of Birth		S.S.#		
Address				City/State/Zip				Apt #	How Long
Residence: <input type="checkbox"/> Owned <input type="checkbox"/> Rented Type: <input type="checkbox"/> House <input type="checkbox"/> Apt. <input type="checkbox"/> Other				Phone #			Listed Under		
Landlord/Mtg. Holder				Address				Phone #	
Identification <input type="checkbox"/> DL, <input type="checkbox"/> ID Number #				Height	Weight	Hair	Eyes	Sex	Race

EMPLOYMENT								
Employer			Address			Phone #	Ext.	
Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Not Working		Paid: <input type="checkbox"/> Weekly <input type="checkbox"/> Every Two Weeks <input type="checkbox"/> Monthly		Day of Week Paid	Amount		How Long	
Supervisor		Occupation		Department			Shift	

VEHICLE INFORMATION					
Year	Make		Model	Tag	Color
Value		VIN #			

CO-APPLICANT									
Name					Date of Birth		S.S.#		
Employer							Phone #	Ext.	
Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Not Working		Paid: <input type="checkbox"/> Weekly <input type="checkbox"/> Every Two Weeks <input type="checkbox"/> Monthly		Day of Week Paid	Amount		How Long		
Identification <input type="checkbox"/> DL, <input type="checkbox"/> ID Number #				Height	Weight	Hair	Eyes	Sex	Race

REFERENCES							Relationship
Name		Address				Phone	
Name		Address				Phone	
Name		Address				Phone	
Name		Address				Phone	

PLEASE FILL IN THE FOLLOWING SO WE CAN SERVE YOU BETTER IN THE FUTURE			
Have you ever done business with our company before?	<input type="checkbox"/> No <input type="checkbox"/> Yes	If so, how long ago? _____	
Have you ever done business with another company like ours?	<input type="checkbox"/> No <input type="checkbox"/> Yes	If so, please list who: _____	
How did you hear about us?	<input type="checkbox"/> TV <input type="checkbox"/> Radio <input type="checkbox"/> Drive By <input type="checkbox"/> Referral <input type="checkbox"/> Other	_____	

I PROMISE THAT THE INFORMATION PROVIDED ON THIS FORM IS TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE YOU TO VERIFY ANY AND ALL INFORMATION ON THIS APPLICATION.

APPLICANT

CO-APPLICANT

CUSTOMER APPLICATION, *continued*

Name	Date
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1. My Monthly Income	\$		<p><i>I will be using the funds from this loan for...</i></p> <hr/> <p><i>This is how I intend to repay this loan...</i></p>
2. Other Household Income	+ \$	(add to #1)	
3. Rent/Mortgage per Month	- \$	(subtract)	
4. Utilities/Monthly Bills	- \$	(subtract)	
5. Credit Cards/Other Loans	- \$	(subtract)	
6. Other Expenses	- \$	(subtract)	
Total	\$		

Financing Terms: I understand that if *Latah Motors* approves my loan application, their decision is being based upon the information that I supply to them and the promise that I will repay the loan in a reasonable amount of time. Furthermore, should I elect to refinance my loan- it is my responsibility to make sure that my current and future income is sufficient to pay all finance charges and principal when due without creating an excessive economic burden. Therefore, I promise to immediately notify *Latah Motors* if any changes in my employment, wages, or living situation take place which affect my ability to repay this loan within a reasonable amount of time. I also understand that the service charge is assessed every thirty (30) days, and if I refinance this loan I will need to pay more than the monthly service charges to reduce the outstanding principal balance.

Consumer Privacy Notice: I understand that *Latah Motors* collects non-public personal information about me from many sources, (which may include my application package, transaction activity with them and their affiliates, and from consumer reporting agencies.) *Latah Motors* does not disclose any of this or any other non-public personal information except as permitted by law. I also understand that *Latah Motors* restricts access to this non-public personal information to those employees who need to know that information to provide products or services to me, and that they maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard my non-public personal information.

Credit Reporting Disclosure: I understand that *Latah Motors* may report information about my account to credit bureaus. Late payments, missed payments, or other defaults on my account may be reflected in my credit report.

By signing below, I certify that all information contained within this application is true and complete to the best of my knowledge and ability. Furthermore, I have read and fully understand the Financing Terms, Privacy Notice, and Credit Reporting Disclosures above, and agree to comply with these terms.

Signature & Date

Notice: The *Federal Equal Credit Opportunity Act* prohibits creditors from discriminating against on the basis of race, color, religion, national origin, sex, marital status, age (providing the applicant has the right to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the *Consumer Credit Protection Act*. The federal agency that administers compliance with this law and concerning this credit is: The Federal Trade Commission, Equal Credit Opportunity; Washington, DC 20580.

NOTE: It is not necessary to fill this form out completely, just sign your name next to each "X" (3 times...)

SPECIAL POWER OF ATTORNEY & AUTHORIZATION FOR PAYOFF

Know all men by these presents that the undersigned does hereby appoint...

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As my/our attorney to endorse, release or transfer all registration and ownership documents as well as signing my/our name to any and all forms necessary for transfer of my/our right, title and interest in and to the vehicle described as...

VIN# (Title #)	Year, Make & Model
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If there is a lien on this vehicle- I hereby authorize any lender(s) to accept from the above named agent the current balance due and are further instructed that upon receipt of the amount due to surrender to said agent Documents of Title, properly endorsed and released. Any unearned interest and brokerage is to be paid to the agent who is hereby authorized to make this pay-off. The undersigned also warrants that this vehicle is free from encumbrances greater than \$ _____, and agrees to pay the above named agent on demand any amount in excess thereof.

Sign here
X→

Signature	Printed Name
Full Address	Date/Time

ITD-3368 9-99TW
01-957150-4

**Idaho Transportation Department
POWER OF ATTORNEY**



Vehicle or Hull Identification Number (VIN/HIN)		Title Number
Year	Make	Model

Know all men by these presents that the undersigned does hereby appoint:

Business or Individual Name

Address	City	State	Zip
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As my/our attorney to endorse, release, or transfer all registration and ownership documents are required by Idaho statutes for the above-described vehicle; and to give full discharge for same, granting to said attorney full power of substitution and revocation, hereby ratifying and confirming all that said attorney or his substitute shall do or cause to be done by virtue hereof.

Sign here
X→

Authorized Signature	Printed Business or Individual Name			
X				
Authorized Signature	Printed Individual Name			
X				
Address	City	State	Zip +4	Date

(See instructions on back for exercising power of attorney)

AUTHORIZATION TO ADD LOSS PAYEE

Please add **Latah Motors** (located at 106 S. Latah Street - Boise, Idaho 83705;) as a loss payee on our insurance policy covering the vehicle described below. Furthermore, mail or fax confirmation of this change at your earliest convenience directly to them at 208-345-6335 or the address listed above. Thank you and if there are any problems or questions, they may be reached at 208-345-6335.

Sign here
X→

Sincerely,
(Signature)

Name on Policy:			
Vehicle Info.: Year, Make, Model		Insurance Carrier	