

BRANCH NUMBER

CSG NUMBER

DEALER NUMBER

Business Type: Corp Part
 LLC Prop

LAST NAME OR BUSINESS NAME

DATE OF BIRTH (MMDDYY)

FIRST NAME

MI

SOCIAL SECURITY NUMBER or (TAX ID #)

PO BOX NUMBER

CURRENT STREET NUMBER

CURRENT STREET NAME (MAILING ADDRESS)

CITY

STATE

ZIP CODE

(AREA CODE)

HOME PHONE

MTG PAYMENT OR RENT

TIME AT ADDRESS

Own Other
 Rent Family

EMPLOYED BY or TYPE OF BUSINESS (if business application)

OCCUPATION

Allimony, 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.

(AREA CODE)

BUSINESS PHONE

GROSS ANNUAL INCOME (ALL SOURCES)

TIME EMPLOYED

APPLICANT COMPLETES THIS SECTION

DEALER USE ONLY

- Car
- Light Truck
- Med. Duty Truck
- Conversion Van

- Demo
- Off-Lease

- College Grad Plan
- Lease Loyalty
- Single Pmt. Lease
- SmartBeginnings
- Custom Pmt. Plan
- Lease to Retail

- Finance SmartLease SmartBuy ComTRAC New Used Certified Used Auction

PRODUCT USE: Personal Commercial

Credit Line

CASH SELLING PRICE MSRP TERM EST PAYMENT SEC DEP

NET TRADE (yr) TRADE-IN (make) MILEAGE (thousands) UPFIT COST

CASH/CAP REDIREBATE VEHICLE YR MAKE CYL # of UNITS COST OF CHASSIS

CAP COST OR UNPAID BAL MODEL CODE MODEL DESCRIPTION

USED VEHICLE OPTIONS

- W/O Air
- Sunroof
- Tape/Disc
- Cruise
- Pwr Windows
- Pwr Seats
- Leather Seats
- 4 WD
- Manual Trans
- Alum/Wire Wheels
- T Tops
- Third Door

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GROSS ANNUAL INCOME (ALL SOURCES)

TIME EMPLOYED

CO-APPLICANT COMPLETES THIS SECTION

This application will be submitted to GMAC (GMAC North America for Ohio Dealers), GMAC Automotive Bank, and C.O.L. Trust (if this is a lease application), all at P.O. Box 33414, Detroit, MI 48232, and (if this is a purchase application) to Nuvel Credit Corp. (a GMAC affiliate) at P.O. Box 242510, Little Rock, AR 72223, so that they may decide whether or not to purchase the transaction.

Your Opt-Out Right: If you want GMAC's and GMAC Automotive Bank's vehicle financing operations not to share non-public personal information about you related to this application with affiliates and non-affiliated third parties, you may opt out of information sharing, that is, you may direct us not to share information (other than as permitted by law). See the GMAC Privacy Notice for more information.

To opt-out now - - Fill in this circle to opt out of information sharing related to this application with affiliates and nonaffiliated third parties (other than sharing permitted by law). This opt-out covers applicant and any co-applicant.

We intend to apply for joint credit. Applicant _____ Co-Applicant _____ (initials only)

See the other side for important notices. By signing below, I certify that (1) I have read and agree to the terms of this application, including terms on the other side, and (2) I have received and read the GMAC Privacy Notice.

SIGNATURES

Applicant's Signature _____ Date _____

Co-Applicant's Signature _____ Date _____