Please fax this completed and signed credit application & the buyers order to: (877) 341-APPS (2777) Dealer Name Dealer State First Name Middle Initial Last Name Date of Birth Social Security Number Current Physical Address (Number and Street) City, State & Zip Code Drivers License # Area Code & Cell Phone Number □Single ☐ Buying ☐ Own Free & Clear Rent or Mortgage Payment Mortgage Holder/Landlord Time at Residence U.S. Citizen Married □ Yes □ No ☐ Separated ☐ Renting ☐ Living with Parents ☐ Other Years Months Previous Address (Street, City, State and Zip Code) (Complete if less than three years at present address) Time at Previous Residence Months Years Name of Personal Reference Not Living With You Address of Personal Reference Not Living With You Relationship Area Code & Home Phone Number Present Employer Name (If Self-Employed Please List Business Name) City, State Employer's Area Code & Phone Number Self-Employed ☐ Yes ☐ No Buyer's Occupation or Job Title (if Military, State Rank) Time At Job If Yes, S Corp C Corp LLC Partnership Proprieter Years Months Gross Monthly Income Amount (Before taxes) Type of Wages If Other, provide an explanation □ W2 □1099 ☐ Other What Kind of Income? ☐ W2 ☐ 1099 ☐ Cash ☐ Retirement/Pension Is there any additional income? If so, what is the Additional Gross Monthly Income Amount source? Other If Other, provide an explanation Previous Employer (Complete if less than two years at present job) Occupation or Job Title Time at Job Months Middle Initial Last Name Date of Birth Social Security Number Area Code & Home Phone Number First Name Current Physical Address (Number and Street) City, State & Zip Code Drivers License # Area Code & Cell Phone Number ☐ Buying ☐ Own Free & Clear Rent or Mortgage Payment Mortgage Holder/Landlord Time at Residence Single U.S. Citizen Married □Yes ☐ Separated ☐ Renting ☐ Living with Parents ☐ Other Years Months □No Time at Residence Relationship to Primary Buyer Previous Address (Street, City, State and Zip Code) (Complete if less than three years at present address) Years Months Present Employer Name (If Self-Employed Please List Business Name) Employer's Area Code & Phone Number City, State Self-Employed ☐ Yes ☐ No Co-Buyer's Occupation or Job Title (if Military, State Rank) Time At Job Co-Buyer Employment If Yes, S Corp C Corp LLC Partnership Proprieter Years Months Gross Monthly Income Amount (Before taxes) Type of Wages If Other, provide an explanation Π W2 □1099 ☐ Other What Kind of Income? ☐ W2 ☐ 1099 ☐ Cash ☐ Retirement/Pension Is there any additional income? If so, what is the Additional Gross Monthly Income Amount source? Other If Other, provide an explanation Occupation or Job Title Time at Job Previous Employer (Complete if less than two years at present job) Years *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. Please answer the following questions to expedite the credit application process: 1. How much money do you anticipate using as a down payment (not including the trade 4. Email address 5. When do you anticipate delivery? 6. Previously owned boats or recreational vehicles (list largest, if several) 2. Whom can we call with the details of the credit application? Buyer ____ Co-Buyer _ 3. Where should we contact you? Home_ Work Cell 7. If purchasing an RV, do you plan to live in the RV more than 6 months of the Federal law requires the creditor to obtain, verify and record information that identifies you when you open an account. The creditor will use your name, address, and other information for this purpose. Evidence of physical damage insurance on the collateral securing the credit you seek is required prior to closing. By submitting this application, you are authorizing Dealer/Priority One to disclose information contained in your application to an insurance carrier solely for the purpose of providing you with a premium quote for such insurance. You are, however, under no obligation whatsoever to purchase insurance from the insurance carrier providing the By signing below: You authorize Dealer/Priority One/affiliated entities and any financial institution to obtain any information pertaining to your trade payoff from the current finance company. You certify that everything stated in this application and on any attachments is true and correct. Dealer/Priority One/affiliated entities and any financial institution may keep this application whether or not it is approved. You authorize the above named Dealer/Priority One/affiliated entities and any financial institution to whom your application is submitted to check your credit and employment history and to obtain a consumer credit report in connection with this application or in connection with additional approval, extensions or collection of credit. You understand that you must update application information if your financial condition changes prior to closing of the credit transaction. Communication with Dealer/Priority One/affiliated entities and any financial institution may be recorded or monitored to assure the quality of service, for training purposes or for other reasons. You agree that we and our assignees may try to contact you in writing, by email or using prerecorded and/or artificial voice messages, text messages and automatic telephone dialing systems, as the law allows. You also agree that we and our assignees may try to contact you in these and other ways at any address or telephone number you provide us, even if the telephone number is a cell phone number or the contact results in a charge to you. FAIR CREDIT REPORTING ACT DISCLOSURE: This application for credit may be submitted to various financial institutions

Co-Buyer's Initials

Co-Buyer's signature

Priority One Financial Services, Inc. - Please call 1-800-747-6223 for questions concerning your credit application.

Date

We intend to apply for joint credit. Buyer's Initials

Buver's signature

Date