Collector Car Finance
2/6-6/27/2004
EA# 04-12122

revised date 2/2004

2.9%

Introductory APR^
for Cash Advance Checks and Balance Transfers
(See Reverse for Details)

Apply for THE AUCTIONCARD® MasterCard® Credit Card

Please select the NO-ANNUAL FEE

YTV5

☐ Classics
Preferred MasterCard
EF-110-59

☐ 1930's
Preferred MasterCard
IB-480-J6

☐ Street Machines
Preferred MasterCard
IB-481-7Y

Cowboy Cadillace
Location Code: 113040

For Bank Use Only

A_____
D_____
Address Match:
Y_____
N_____
B#_____
Lender:
1_____
2_____
3_____

Rep I.D. ☐☐☐☐☐

Verification Source:
☐Drivers License ☐State I.D.
☐Military I.D. ☐Passport

Information Verified:
☐Street Address ☐D.O.B
☐Name

ID Verification:
I.D. Number: _____
State/ Country: _____
Issue Date: ☐☐/☐☐/☐☐
Exp. Date: ☐☐/☐☐/☐☐

PLEASE PRINT CLEARLY IN ALL CAPITAL LETTERS.

(FEDERAL LAW REQUIRES US TO COLLECT AND VERIFY YOUR NAME, ADDRESS, SOCIAL SECURITY NUMBER, AND DATE OF BIRTH.)

SOCIAL SECURITY #: ☐☐☐ – ☐☐ – ☐☐☐☐

DATE OF BIRTH: (MUST BE 18 TO APPLY) MONTH ☐☐ – DAY ☐☐ – YEAR ☐☐

PRINT YOUR NAME AS YOU WOULD LIKE IT TO APPEAR ON YOUR CARD. M.I.

FIRST NAME/ MIDDLE INITIAL:

LAST NAME:

WE ARE REQUIRED TO OBTAIN YOUR PHYSICAL STREET ADDRESS.

STREET ADDRESS: (NO P.O. BOX)

APT #:

CITY: (NO ABBREVIATIONS)

STATE & ZIP: STATE: ☐☐ ZIP: ☐☐☐☐☐

HOME PHONE: ☐☐☐ – ☐☐☐ – ☐☐☐☐

E-MAIL ADDRESS*:

*We'll use your address to communicate with you about your application and/or account. See our Privacy Policy for additional information.

HOUSING STATUS & MONTHLY HOUSING PAYMENT: ☐ Homeowner ☐ Other ☐ Renter HOUSING PAYMENT PER MONTH $ ☐, ☐☐☐. 00

MOTHER'S MAIDEN NAME OR SECURITY PASSWORD:

RESIDENCY STATUS: ☐ U.S. Citizen or Permanent Resident of U.S. or Puerto Rico ☐ Other

EMPLOYMENT STATUS: ☐ Full-Time ☐ Part-Time ☐ Self Employed ☐ Retired

EMPLOYER:

OCCUPATION:

CURRENT LENGTH OF SERVICE: ☐ 0-2 Years ☐ 3-5 Years ☐ 6-10 Years ☐ 11-20 Years ☐ 21+ Years

BUSINESS PHONE: ☐☐☐ – ☐☐☐ – ☐☐☐☐

YOUR TOTAL ANNUAL INCOME:‡ $ ☐☐☐, ☐☐☐. 00

‡Alimony, child support, or separate maintenance income need not be revealed if you do not wish it considered as a basis for repayment.

SOURCE OF INCOME:‡ (CHECK ALL THAT APPLY) ☐ Employment ☐ Investments ☐ Pension ☐ Social Security ☐ Other‡ _____

CO-APPLICANT:

SOCIAL SECURITY #: ___ ___ – ___ ___ – ___ ___ ___ ___

DATE OF BIRTH: (MUST BE 18 TO APPLY) ___ ___ – ___ ___ – ___ ___

RELATIONSHIP TO APPLICANT:

PRINT YOUR NAME AS YOU WOULD LIKE IT TO APPEAR ON YOUR CARD. M.I.

FIRST NAME/ MIDDLE INITIAL:

LAST NAME:

EMPLOYER:

OCCUPATION:

CURRENT LENGTH OF SERVICE: ☐ 0-2 Years ☐ 3-5 Years ☐ 6-10 Years ☐ 11-20 Years ☐ 21+ Years

YOUR ANNUAL INCOME:‡ $ ___ ___ ___, ___ ___ ___. 00

‡Alimony, child support, or separate maintenance income need not be revealed if you do not wish it considered as a basis for repayment.

SIGNATURE & TODAY'S DATE:

X _____ month / day / year
Applicant

X _____ month / day / year
Co-Applicant

Your signature means that I/we agree to the conditions on the reverse side of this form and to be bound by each of the terms of the Credit Card Agreement, including arbitration.

+SEE REVERSE FOR DISCLOSURE OF RATE, FEE, AND OTHER COST INFORMATION.