

CHECK BOX FOR JOINT ACCOUNT: [] If you are applying for a joint account or an account that you and another person will use, complete all sections, providing information in Section 3, below, about the Joint Applicant or user. We intend to apply for Joint Credit.

Amount Requested \$ _____
 Selling Price (including Sales Tax) \$ _____
 Less: Down Payment
 Cash Dealer Discount \$ _____
 Trade-In \$ _____
 Warranty \$ _____
 Total Financed \$ _____

Trade-in vehicle: _____
 Year and Make Model
 \$ Gross - \$ Still Owing = \$ Net Trade-In Gap

Applicant _____ Co-Applicant _____
 DEALER: _____ Phone # () _____
 Submitted by: _____ Fax # () _____
 New Used Year Make Model Cyl. Mileage
 Vin. # _____
 Air Alarm Cruise Power Windows
 CD Player Tape/Cass. Leather Power Lock
 Auto Trans. Pwr. Sunroof 4 Wh. Dr. Alloy Wheels

WHO IS THE VEHICLE TITLED/REGISTERED TO: _____

APPLICANT

FIRST, MIDDLE INITIAL, LAST NAME OF APPLICANT			DATE OF BIRTH MO DAY YEAR			NO. OF DEPENDENTS		SOCIAL SECURITY NUMBER				
HOME ADDRESS-NO. AND STREET				CITY, TOWN			APT. NO.		HOME TELEPHONE NO. ()			
COUNTY			STATE			ZIP CODE		YEARS THERE		CUSTOMER OF BANK <input type="checkbox"/> YES <input type="checkbox"/> NO		
PREVIOUS HOME ADDRESS				YEARS THERE		EMAIL ADDRESS				CELL PHONE # ()		
FIRM NAME OR EMPLOYER				TELEPHONE NO.		POSITION		SALARY		<input type="checkbox"/> Wk. <input type="checkbox"/> Mo. <input type="checkbox"/> Yr.		
BUSINESS ADDRESS NO. AND STREET			CITY		STATE		ZIP CODE		YEARS THERE		POSITION	
NAME AND ADDRESS OF PREVIOUS EMPLOYER								YEARS THERE		POSITION		
OTHER INCOME (GIVE SOURCE) Alimony, child support, or separate maintenance income need not be revealed if you do not wish Considered as a basis for repaying this obligation.											\$	
CHECKING ACCOUNT: NAME OF BANK AND ADDRESS					BALANCE		SAVINGS ACCOUNT: NAME OF BANK AND ADDRESS				BALANCE	
NAME AND ADDRESS OF A CLOSE RELATIVE NOT LIVING WITH YOU									RELATIONSHIP			

FINANCIAL STATEMENT

TYPE OF OBLIGATION	NAME OF CREDITOR	BALANCE	MONTHLY		DRIVERS LICENSE INFORMATION	
<input type="checkbox"/> OWN <input type="checkbox"/> RENT		\$	\$	APPLICANT	DRIVER LICENSE #	
SECOND MORTGAGE		\$	\$		STATE:	ISSUED:
AUTO LOAN		\$	\$	CO-APPLICANT	DRIVER LICENSE #	
OTHER		\$	\$		STATE:	ISSUED:

CO-SIGNER/JOINT APPLICANT

FIRST, MIDDLE INITIAL, LAST NAME OF APPLICANT			DATE OF BIRTH MO DAY YEAR			NO. OF DEPENDENTS		SOCIAL SECURITY NUMBER				
HOME ADDRESS-NO. AND STREET				CITY, TOWN			APT. NO.		HOME TELEPHONE NO. ()			
COUNTY			STATE			ZIP CODE		YEARS THERE		CUSTOMER OF BANK <input type="checkbox"/> YES <input type="checkbox"/> NO		
PREVIOUS HOME ADDRESS				YEARS THERE		EMAIL ADDRESS				CELL PHONE # ()		
FIRM NAME OR EMPLOYER				TELEPHONE NO.		POSITION		SALARY		<input type="checkbox"/> Wk. <input type="checkbox"/> Mo. <input type="checkbox"/> Yr.		
BUSINESS ADDRESS NO. AND STREET			CITY		STATE		ZIP CODE		YEARS THERE		POSITION	
NAME AND ADDRESS OF PREVIOUS EMPLOYER								YEARS THERE		POSITION		
OTHER INCOME (GIVE SOURCE) Alimony, child support, or separate maintenance income need not be revealed if you do not wish Considered as a basis for repaying this obligation.											\$	
CHECKING ACCOUNT: NAME OF BANK AND ADDRESS					BALANCE		SAVINGS ACCOUNT: NAME OF BANK AND ADDRESS				BALANCE	
NAME AND ADDRESS OF A CLOSE RELATIVE NOT LIVING WITH YOU									RELATIONSHIP			

Every statement I/we have made in this application is true and correct and has been made by me with the understanding that you will rely on it. I agree that if anything arises which changes any of the statements I have made, I will promptly tell you. You may request a credit report on me and if I ask, you will tell me the name and address of the consumer reporting agency that furnished it. If you update, renew or extend my loan, you may request a new credit report without telling me. NOTE: By signing this application, you will authorize both above dealer and Community Bank National Association/Community Bank Association DBA First Liberty Bank & Trust, to whom your Contract may be assigned, to check your credit.

ARE YOU A U.S. CITIZEN? YES NO
 1. SIGNATURE OF APPLICANT _____ DATE _____
 L-337nypa (Rev. 02/04)

ARE YOU A U.S. CITIZEN? YES NO
 2. SIGNATURE OF JOINT APPLICANT/CO-SIGNER _____ DATE _____
 (pcform)