Glens Falls National Bank and Trust Co. 1-800-648-4892 (Toll Free)

DEALER	DATE	SUBMITTED BY	APPROVED BY

❒ New ❒ Used ❒ Auction Year_____ Make _____ Model _____ ❒ Air ❒ Auto

❒ Cruise ❒ P.S. ❒ AM/FM ❒ Other Options _____ Mileage_____

Vehicle to be registered to: _____ Vehicle to be titled to: _____

SECTION 1 - APPLICANT

FIRST, MIDDLE INITIAL, LAST NAME OF APPLICANT				DATE OF BIRTH	# DEPENDENTS	SOCIAL SECURITY NUMBER
HOME ADDRESS - NO. AND STREET	STATE	CITY, TOWN	ZIP CODE	YEARS THERE	HOME TELEPHONENO.	
PREVIOUS HOME ADDRESS						YEARS THERE
FIRM NAME OR EMPLOYER		TELEPHONE NO.		POSITION	GROSS SALARY $	YEARS EMPLOYED IN THIS LINE OF WORK OR PROFESSION? _____ YEARS
EMPLOYER ADDRESS NO. AND STREET	CITY	STATE	ZIP CODE		YEARS THERE	
NAME AND ADDRESS OF PREVIOUS EMPLOYER					YEARS THERE	POSTIION
OTHER INCOME (GIVE SOURCE) Alimony child support, or separate maintenace income need not be revealed if you do not wish to have it considered as a basis for repaying this obligaiton.						$
CHECKING ACCOUNT: NAME OF BANK AND ADDRESS		ACCOUNT NO.		SAVINGS ACCOUNT: NAME OF BANK AND ADDRESS		ACCOUNT NO.
NAME AND ADDRESS OF A CLOSE RELATIVE NOT LIVING WITH YOU						RELATIONSHIP

HAVE YOU EVER RECEIVED CREDIT UNDER DIFFERENT NAMES?	❒ YES ❒ NO	IF YES, LIST NAME(S) & DATE(S)	
ARE YOU A CO-MAKER, ENDORSER OR GUARANTOR ON ANY LOAN OR CONTRACT?	❒ YES ❒ NO	IF YES FOR WHOM?	TO WHOM?
ARE THERE ANY UNSATISFIED JUDGMENTS AGAINST YOU?	❒ YES ❒ NO	IF YES TO WHOM OWED?	
WERE YOU EVER BANKRUPT?	❒ YES ❒ NO		IF YES WHERE? YEAR

NOTE: COMPLETE INFORMATION IS REQUIRED TO PROCESS THIS APPLICATION. IF NECESSARY ATTACH ADDITIONAL SHEET. LIST ALL DEBTS, INCLUDING ALIMONY & CHILD SUPPORT PAYABLE Check Column "I" if existing credit is in Applicant's name alone. Check Column "II" if existing credit is joint credit.

I	II	TYPE OF OBLIGATION	NAME OF CREDITOR	CITY AND STATE	ACCOUNT NUMBER	BALANCE	MONTHLY PAYMENT
		❒ MORTGAGE ❒ RENT					
		HOME EQUITY LOAN or LINE (circle one)					
		AUTO LOANS					
		CREDIT CARDS					
		OTHER					

SEC. 2 - CO-APPLICANT

CO-APPLICANT INFORMATION: COMPLETE THIS SECTION ONLY IF THIS IS A JOINT APPLICATION AND CO-APPLICANT WILL BE CONTRACTUALLY LIABLE FOR REPAYMENT OR IF APPLICANT IS RELYING ON CO-APPLICANT'S INCOME.

FIRST, MIDDLE INITIAL, LAST NAME OF CO-APPLICANT			RELATIONSHIP TO APPLICANT	DATE OF BIRTH	SOCIAL SECURITY NUMBER
HOME ADDRESS - NO. AND STREET	STATE	CITY, TOWN	ZIP CODE	YEARS THERE	HOME TELEPHONENO.
PREVIOUS HOME ADDRESS					YEARS THERE
FIRM NAME OR EMPLOYER		TELEPHONE NO.	POSITION	GROSS SALARY $	YEARS EMPLOYED IN THIS LINE OF WORK OR PROFESSION? _____ YEARS
EMPLOYER ADDRESS NO. AND STREET	CITY	STATE	ZIP CODE	YEARS THERE	
NAME AND ADDRESS OF PREVIOUS EMPLOYER				YEARS THERE	POSTIION
OTHER INCOME (GIVE SOURCE) Alimony child support, or separate maintenace income need not be revealed if you do not wish to have it considered as a basis for repaying this obligaiton.					$
CHECKING ACCOUNT: NAME OF BANK AND ADDRESS		ACCOUNT NO.	SAVINGS ACCOUNT: NAME OF BANK AND ADDRESS		ACCOUNT NO.
NAME AND ADDRESS OF A CLOSE RELATIVE NOT LIVING WITH YOU					RELATIONSHIP

HAVE YOU EVER RECEIVED CREDIT UNDER DIFFERENT NAMES?	❒ YES ❒ NO	IF YES, LIST NAME(S) & DATE(S)	
ARE YOU A CO-MAKER, ENDORSER OR GUARANTOR ON ANY LOAN OR CONTRACT?	❒ YES ❒ NO	IF YES FOR WHOM?	TO WHOM?
ARE THERE ANY UNSATISFIED JUDGMENTS AGAINST YOU?	❒ YES ❒ NO	IF YES TO WHOM OWED?	
WERE YOU EVER BANKRUPT?	❒ YES ❒ NO		IF YES WHERE? YEAR

READ & SIGN

Every statement I 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 statement I have made, I will promptly tell you.

You may exchange credit information about me with others. 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 Lender named above, to whom your Contract may be assigned, to check your credit.

1._____ _____

SIGNATURE OF APPLICANT SIGNATURE OF CO-APPLICANT DATE

AUTOMATIC DEDUCTION AUTHORIZATION: If this Loan is approved, I authorize Glens Falls National Bank & Trust Co. to deduct the payment from my ❒ Checking ❒ Savings Act. # _____ on a monthly basis until the loan is paid in full. **X Signature:** _____

SECTION 3 - RETAIL CONTRACT

Selling Price		
Gross Trade Allowance on a _____	-	
Net Trade Difference	=	
Sales Tax	+	
	=	
Trade in Close Out	+	
Owed to _____		
Verified by _____	=	
Cash Down	-	
Loan Amount	=	

SECTION 3 - RETAIL CONTRACT (cont.)

Term Request/Payment	@	
Rate Quoted		
MSRP	$	

NOTES

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