

MAIL OR FAX APPLICATION TO: American Eagle Harley-Davidson/Buell, 920 South I-35E, Corinth TX 76210
 Fax: 940-498-5008 | Phone: 940-498-5000

Date:

Dealer Completes This Section

<input type="text" value="1147"/>	<input type="text" value="American Eagle Harley-Davidson/Buell"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dealership Number	Dealership Name	Salesperson	<input type="checkbox"/> New <input type="checkbox"/> Used	Cash Price	<input type="text"/>	F&I Add-ons	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> New <input type="checkbox"/> Used	Less Down Payment	<input type="text"/>	Less Net Trade-In	<input type="text"/>
Make	Model	Year	<input type="checkbox"/> New <input type="checkbox"/> Used	Requested Amount	<input type="text"/>		
<input type="text"/>	<input type="text"/>	<input type="text"/>					
Secondary Asset (e.g., sidecar, engine, trailer)	Model	Year					

IMPORTANT: Applicant(s) Must Read These Directions Before Completing This Application

Notice to Applicant(s) – Print clearly. Use dark ink. Provide all information requested. Failure to provide legible and complete information as requested in this credit application may delay review of your credit application.

- CHECK APPROPRIATE BOX**
- If you are applying for **INDIVIDUAL** credit in your own name, and you are not relying on the creditworthiness of another person as the basis for repayment of the credit requested, *Complete the Applicant Information section.*
 - If you are applying for **JOINT** credit with another person, *Complete both the Applicant Information section and the Joint/Cosigner Applicant Information sections.*
 We intend to apply for joint credit: Applicant: X Joint Applicant: X
 - If a **COSIGNER'S** information will be submitted to support the credit requested, *Complete both Applicant Information section and the Joint/Cosigner Applicant Information sections.*

Applicant Information Applicant(s) must be at least 18 years old.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Applicant Full Name	Social Security Number (9 digits)	Date of Birth (mm/dd/yyyy)	Driver's License Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Current Physical Address	City	State	Zip County
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
How Long Have You Lived There	Monthly Residence Payment	Home/Cell Phone Number (w/ Area Code)	E-mail Address
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Mailing Address (check box if same as physical address)	City	State	Zip County
<input type="checkbox"/> Employed <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired <input type="checkbox"/> Disability <input type="checkbox"/> Social Security <input type="checkbox"/> Rental <input type="checkbox"/> Court Order <input type="checkbox"/> Investment <input type="checkbox"/> Unemployed	Current Employer		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Employer Name	Employment City	Employment State	Business Phone Number (w/ Area Code) Ext.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Years/Months There	Gross Income	Income Frequency	Other Income* Other Income Frequency

* Alimony, Child Support, and/or Separate Maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.

Joint/Cosigner Information Applicant(s) must be at least 18 years old.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Applicant Full Name	Social Security Number (9 digits)	Date of Birth (mm/dd/yyyy)	Driver's License Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Current Physical Address	City	State	Zip County
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
How Long Have You Lived There	Monthly Residence Payment	Home/Cell Phone Number (w/ Area Code)	E-mail Address
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Mailing Address (check box if same as physical address)	City	State	Zip County
<input type="checkbox"/> Employed <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired <input type="checkbox"/> Disability <input type="checkbox"/> Social Security <input type="checkbox"/> Rental <input type="checkbox"/> Court Order <input type="checkbox"/> Investment <input type="checkbox"/> Unemployed	Current Employer		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Employer Name	Employment City	Employment State	Business Phone Number (w/ Area Code) Ext.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Years/Months There	Gross Income	Income Frequency	Other Income* Other Income Frequency

* Alimony, Child Support, and/or Separate Maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.



A subsidiary of Harley-Davidson Credit Corp.



ESBAPP

References

Name	Phone Number (w/ Area Code)	City	State
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Notice To Applicant(s)

This Credit Application – Customer Statement will be submitted to Eaglemark Savings Bank, and its successors and assigns, at P.O. Box 22048, Carson City, Nevada 89721, for consideration of whether it meets the credit requirements of Eaglemark Savings Bank, and its successors and assigns.

Applicant will be required to obtain and pay for vehicle insurance covering the collateral for the full term of the loan, for liability and physical damage for both collision and comprehensive losses to include such perils as FIRE, THEFT, and VANDALISM. Eaglemark Savings Bank, and its successors and assigns, must be listed as a LOSS PAYEE AND ADDITIONAL INSURED. Applicant will provide verification in the form of a certificate of insurance through an acceptable carrier with thirty (30) days notice of any intent to cancel or non-renew to be provided by the issuing carrier to the applicant and loss payee. YOU MAY CHOOSE THE PERSON THROUGH WHOM ANY INSURANCE IS OBTAINED.

NOTICE TO CALIFORNIA RESIDENTS: Regardless of your marital status, you may apply for credit in your name alone.

NOTICE TO MAINE RESIDENTS: Consumer reports (credit reports) may be requested in connection with this application. Upon request, you will be informed whether or not a consumer report was requested and, if it was, of the name and address of the consumer reporting agencies that have provided us with such reports.

NOTICE TO NEW YORK RESIDENTS: Consumer reports may be requested in connection with the processing of your application and any resulting account. Upon request, we will inform you of the names and addresses of any consumer reporting agencies that have provided us with such reports.

NOTICE TO OHIO RESIDENTS: Ohio laws against discrimination require that all creditors make credit equally available to all creditworthy customers, and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio Civil Rights Commission administers compliance with this law.

NOTICE TO RHODE ISLAND RESIDENTS: Consumer reports may be requested in connection with this application.

NOTICE TO VERMONT RESIDENTS: The creditor may obtain credit reports about you on an ongoing basis in connection with this extension of credit transaction for any one or more of the following reasons: (1) reviewing the account; (2) taking collection action on the account; or (3) any other legitimate purposes associated with the account.

NOTICE TO MARRIED WISCONSIN RESIDENTS: No provision of a marital property agreement, a unilateral statement under Wisconsin Statutes 766.59 or a court decree under Wisconsin Statutes 766.70 adversely affects the interest of the creditor unless the creditor, prior to the time the credit is granted, is furnished a copy of the agreement, statement or decree or has actual knowledge of the adverse provision when the obligation to the creditor is incurred.

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A CREDIT ACCOUNT WITH EAGLEMARK SAVINGS BANK – To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.

What this means for you: When you open a credit account with Eaglemark Savings Bank, we will ask for your name, address, state of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

BY SIGNING BELOW, I ACKNOWLEDGE THAT:

- I understand that by providing my wireless phone number(s) I consent to receiving autodialed and/or prerecorded message calls that may contain non-public personal information from ESB, and its successors and assigns at that number; and
- I understand that by providing my e-mail address(es) I consent to receiving non-public personal information from ESB, and its successors and assigns at that address(es) and
- I understand that any credit insurance products and GAP (where applicable) are not deposits or other obligations of, or guaranteed or insured by, Eaglemark Savings Bank (ESB) or its affiliates. I understand that these products and debt protection are not insured by the Federal Deposit Insurance Corporation (FDIC) or any other agency of the United States; and
- I understand that I am free to purchase credit insurance products and GAP (where applicable) from another source, and that ESB does not condition credit on whether these products are purchased from ESB or its affiliates, and ESB does not require me to agree not to obtain these products from another source; and
- I have read the Notice to Applicant(s) sections, and I agree to the terms and conditions set forth in this Credit Application – Customer Statement, I have received the Harley-Davidson Financial Services Privacy Notice; and
- I hereby authorize an investigation of my credit and employment history by ESB or its designees, and/or certain insurance companies. I understand that my credit and employment history obtained in, and in connection with, this Credit Application – Customer Statement will be used in determining my eligibility for credit approval by ESB, and its successors and assigns. If approved, ESB, and its successors and assigns, may obtain credit information about me on an ongoing basis in connection with this extension of credit transaction for any one or more of the following reasons: (1) reviewing the account; (2) taking collection action on the account; or (3) any other legitimate purposes associated with the account.
 - I do not want an insurance quote/estimate at this time.
- I hereby certify that the information I have provided in this Credit Application – Customer Statement is complete and accurate to the best of my knowledge.

X

Primary Applicant Signature

Date

X

Joint/Cosigner Applicant Signature

Date

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