

Fax: (800) 544-1138 | Phone: (800) 544-1137

Date:

Dealer Completes This Section

<input type="text"/>	<input type="text"/>	<input type="text"/>	Cash Price	<input type="text"/>
Dealership Number	Dealership Name	Salesperson	F&I Add-ons	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	Less Down Payment	<input type="text"/>
Make	Model	Year	Less Net Trade-In	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	Requested Amount	<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 Applicant Information and Joint/Cosigner Applicant Information sections.
We intend to apply for joint credit: Applicant Joint Applicant
 - If a **COSIGNER'S** information will be submitted to support the credit requested, Complete both Applicant Information and 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)	Drivers 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	<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other	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"/> Mailing Address (check box if same as physical address)	City	State	Zip County
Current Employer Employment Status: <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	<input type="text"/>		
<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"/>
Joint/Cosigner Full Name	Social Security Number (9 digits)	Date of Birth (mm/dd/yyyy)	Drivers 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	<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other	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"/> Mailing Address (check box if same as physical address)	City	State	Zip County
Current Employer Employment Status: <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	<input type="text"/>		
<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.



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