

PRE-QUALIFICATION WORKSHEET – TICKETS \$5000 OR GREATER

Please read the following before completing this form: (1) Applicant represents that the information given in this Application is complete and accurate and authorizes us to check with credit reporting agencies, credit references and other sources disclosed herein investigating the information given.



Please print in CAPITAL LETTERS and avoid contact with the lines: S M I T H

MAJOR TICKET REQUEST

Select Product Type (Required)

- New Indian Motorcycle
 HD Motorcycle
 Motorcycle
 RV
 ATV/Sports Vehicle
 Marine
 Horse/Utility Trailer

Make _____ Model _____
 Year _____ Size/CC's _____ Length (FT) _____
 Trailer included with purchase: Yes No N/A
 If outboard motor included: Year _____ Make _____ Horsepower _____
 Is the Product: New Used \$ _____
 If New, Invoice Price _____ If Used, Mileage on Vehicle _____

Sales Information

1 \$ _____ Cash Sale Price
 1a \$ _____ Accessories
 2 \$ _____ Sales Tax
 3 \$ _____ Cash Down Payment
 4 \$ _____ Manufacturer Rebate
 5a \$ _____ Gross Trade-In
 5b \$ _____ Less Amount owed on Trade-In
 5c \$ _____ Net Trade-In (5a-5b)
 6 \$ _____ Total Down Payment
 7 \$ _____ Title Fees
 8 \$ _____ Amount Financed

Trade Information

Make _____ Year _____ Length (FT) _____
 Model _____ Mileage on Vehicle _____ Size/CC's _____ Accessories \$ _____
 Is the Trade-In currently financed with Conseco? Yes No

APPLICANT INFORMATION

First Name _____ M. Initial _____ Last Name _____ SR., JR., III **745**
 Present Address _____ Social Security Number _____
 City _____ State _____ Zip _____ Birth Date _____
 Home Phone _____ Do You (✓ One) Own Rent Other _____ Years at Residence _____
 Monthly Payment \$ _____ # of Dependents _____
 Your Employer _____ How Long (Yrs.) _____ Total Annual Income* \$ _____ Business Phone _____
 E-Mail Address _____ Previous Employment Time if less than 2 Years _____ How Long (Yrs.) _____

Joint Applicant

First Name _____ M. Initial _____ Last Name _____ SR., JR., III Spouse Other
 Relationship to Applicant _____
 Present Address _____ Social Security Number _____
 City _____ State _____ Zip _____ Birth Date _____
 Home Phone _____ Total Annual Income* \$ _____
 Your Employer _____ How Long (Yrs.) _____ Business Phone _____ Previous Employment Time if less than 2 Years _____ How Long (Yrs.) _____

Store Information

Contact Name _____ Store # _____ 36-14-152 (11/01)
 Store Fax # _____ Store Phone # _____ 17385

The Customer's signed application must be received, within 30 days, to obtain final authorization.

