SFC CONSUMER APPLICATION

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. (2) Federal law requires us to obtain, verify and record information that identifies you when you open an account. We will use your name, address, date of birth and other information for this purpose. **Application must be signed.**

APPLICANT

First Name | M. Initial | Last Name

Mailing Address | Do You: (✓ One) ☐ Own ☐ Rent ☐ Parents/Relative ☐ Other

City | State | Zip | Time at Addr | Yrs | Mths

If the above address is a PO Box, you must provide a street address for yourself or a contact person | Social Security Number

City | State | Zip | Birth Date

Sex: ☐ Male ☐ Female

Ethnicity (Select only one): ☐ Hispanic or Latino ☐ Not Hispanic or Latino

Race (Select one or more): ☐ American Indian or Alaska Native ☐ Asian ☐ White ☐ Black or African American ☐ Native Hawaiian or Other Pacific Island

Employer | How Long Yrs - Mths | Home Phone

$ Gross Annual Income

***Note: Alimony, child support or separate maintenance payments need not be disclosed unless relied upon for credit.**

Cell Phone

E-Mail Address | Business Phone

Nearest Relative Not Living With You:

Name | Addr | City | St | Zip | Home Phone

For WI residents, if you are appling for individual credit or joint credit with someone who is not your spouse, combine your and your spouse's financial information on this application form.

JOINT APPLICANT

First Name | M. Initial | Last Name | Relationship to Applicant: ☐ Spouse ☐ Other

Mailing Address | Social Security Number

City | State | Zip

Home Phone | Birth Date

Sex: ☐ Male ☐ Female

Ethnicity (Select only one): ☐ Hispanic or Latino ☐ Not Hispanic or Latino

Race (Select one or more): ☐ American Indian or Alaska Native ☐ Asian ☐ White ☐ Black or African American ☐ Native Hawaiian or Other Pacific Island

Employer | How Long Yrs - Mths | Cell Phone

$ Gross Annual Income

*Note: Alimony, child support or separate maintenance payments need not be disclosed unless relied upon for credit.

Business Phone

APPLICANT/JOINT APPLICANT SIGNATURES

By signing this application, I ask that Service Finance Company, LLC issue me a Retail Installment Loan. I am providing this information to you, and to dealers that accept this application. I also authorize and direct you to furnish information about me (including whether this application is approved or declined) and I affirm that the information I have submitted is complete and truthful and that my account will be used only for personal family and household purposes. I authorize you to make inquiries you consider necessary (including requesting reports from consumer reporting agencies and other sources) in evaluating my application, and subsequently, for purposes of reviewing , maintaining or collecting my account. Upon my request, you will advise me of the name and address of each consumer reporting agency from which you obtained a report. My signature on this application represents my signature on the agreement. I acknowledge that under the agreement I grant you a security interest in goods purchased as permitted by law.

General Information: You are required to answer the questions on sex, race and ethnic background. Your answers are needed to determine the characteristics of title I program beneficiaries, and will not affect consideration of your application. By providing this information, you will assist us in ensuring that this program is administered in a nondiscrimatory manner. If you feel you have been discriminated against and you want to report it, the Fair Housing and Equal Oppurtunity Hotline Number is (800) 424-8590

X Applicant Signature | Date

X Joint Applicant Signature | Date

THIS SECTION MUST BE COMPLETED BY THE RETAILER

Applicant's Primary ID (Type, Number, Issuing State) Exp. / Sec. ID (Credit Type and Issuer) Exp.

Joint Applicant's Primary ID (Type, Number, Issuing State) Exp. / Sec. ID (Credit Type and Issuer) Exp.

Approval #

Dealer Fax #

Dealer #

Dealer Phone #

Contact Name

Amount Requested $