

AUTHORIZED RESOURCES LTD. SUPERIOR BUSES

4900-5000 Brush Hollow Rd., Westbury, NY 11590 • Phone (516) 333-7760 / (516) 808-1111 • www.superiorbuses.com

Type of Application <input type="checkbox"/> Retail Installment <input type="checkbox"/> Long-Term Lease <input type="checkbox"/> Consumer <input type="checkbox"/> Business					Dealership Name						
VEHICLE INFORMATION:											
Salesman		Contact/Call Back		Year		Make		<input type="checkbox"/> New <input type="checkbox"/> Used <input type="checkbox"/> Demo		Model	Mileage
LEASE INFORMATION:			MSRP \$	Cap. \$	Trade in or Down Pmt. \$		Term	Residual \$		Mo. Payment \$	
RETAIL INSTALLMENT INFORMATION:			Sales Price \$		Sales Tax \$	Down Payment \$		Trade In \$		Amount Financed \$	
A. INFORMATION REGARDING APPLICANT:											
Full Name				Date of Birth		Social Security Number		E-Mail Address		Home Phone ()	
Current Address		Street		City		State		Zip Code		How Long? Yrs. Mos.	Yrs. in Community
Previous Address (Min. 5 yr. history—use addl. sheets if necessary)						Zip Code		How Long? Yrs. Mos.		Occupation	
Employer Name (Min. 3 yr. history—use addl. sheets if necessary)								How Long? Yrs. Mos.		Nature of Business	
Business Address								Self Employed <input type="checkbox"/> Yes <input type="checkbox"/> No		Business Phone ()	
Gross Monthly Income \$		Source of Other Income (Optional) (Alimony, Child Support, Maintenance)						Amount \$		Total Gross Monthly Income \$	
Previous Employer Name, City, State					Phone ()		How Long? Yrs. Mos.		Job Title		
Nearest Relative Not Living With You (Full Address)								Phone ()		Relationship	
Personal Reference (Full Address)										Phone ()	
B. INFORMATION REGARDING JOINT APPLICANT, SPOUSE OR OTHER PERSONS:											
Full Name				Date of Birth		Social Security Number		E-Mail Address		Home Phone ()	
Current Address		Street		City		State		Zip Code		How Long? Yrs. Mos.	Occupation
Previous Address (Min. 5-yr. history—use addl. sheets if necessary)						Zip Code		How Long? Yrs. Mos.		Business Phone ()	
Employer Name (Min. 3-yr. history—use addl. sheets if necessary)								How Long? Yrs. Mos.		Nature of Business	
Business Address								Self Employed <input type="checkbox"/> Yes <input type="checkbox"/> No		Relationship to the Applicant (if any)	
Gross Monthly Income \$		Source of Other Income (Optional) (Alimony, Child Support, Maintenance)						Amount \$		Total Gross Monthly Income \$	
Previous Employer Name, City, State					Phone ()		How Long? Yrs. Mos.		Occupation		
C. PERSONAL FINANCIAL INFORMATION: ALL LOANS, LEASES AND OTHER OBLIGATIONS (INCLUDING ALIMONY, CHILD SUPPORT, MAINTENANCE)											
Residence <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> With Parents	Lien holder or Landlord Name				Account No.		Original Balance \$	Balance Owning \$	Mo. Payment \$		
Address					Contact		Phone ()		Mkt. Value \$		
Name and Account No.			Address			\$	\$	\$			
Name and Account No.			Address			\$	\$	\$			
Previous Vehicle Was <input type="checkbox"/> Leased <input type="checkbox"/> Purchased	Name of Lessor of Financing Creditor		Branch No.	City, State		Account No.		Original Balance	<input type="checkbox"/> Open <input type="checkbox"/> Paid	<input type="checkbox"/> Trade	
Checking	Name		Branch	Phone ()		Account No.		Balance \$			
Saving/ Money Mkt. <input type="checkbox"/>	Name		Branch	Phone ()		Account No.		Balance \$			
Have You Ever Obtained Credit <input type="checkbox"/> Yes (List Name & Address) Under a Different Name? <input type="checkbox"/> No								Have you Ever <input type="checkbox"/> Yes Date _____ Filed Bankruptcy? <input type="checkbox"/> No			
Account Name				Address				Phone ()			
D. BUSINESS APPLICANT:											
Firm Name						Nature of Business			Yrs. in Business		
Current Address					City		State	Zip	# Years		
Previous Address					City		State	Zip	# Years		
Business Phone ()			Name and Address of Parent Company								
Corporation		Partnership		Proprietorship		Date of Incorporation		State of Incorporation		D&B Rating	
Business Checking Bank:			Address					Account Number			
Phone ()			Contact or Bank Officer			Type of Account		Date Opened			
Officers/Principals Name			Address					Title			
Name			Address					Title			
Trade Ref. (1)						Trade Ref. (2)					
LIST ALL OPERATORS IN ORDER OF MOST FREQUENT USE:				% of Vehicle Use	Birth Date Mo. Day Yr.	Operator's License Number		State	Years Licensed		
Garaging Address If Other Than Residence		Number & Street		City		State		Zip		Phone No. ()	
<p>CONSUMER REPORT: ALL THE INFORMATION GIVEN ON THIS APPLICATION IS TRUE, CORRECT AND COMPLETE. THIS APPLICATION FOR CREDIT MAY BE SUBMITTED BY AUTHORIZED RESOURCES LTD. OR ITS AFFILIATES OR SUBSIDIARIES (THE "CREDITOR") TO VARIOUS FINANCIAL INSTITUTIONS FOR CONSIDERATION, OR TO ANY ASSIGNEES OF THE CREDITOR SUCH AS FINANCIAL INSTITUTIONS. I UNDERSTAND THAT THE CREDITOR AND SUCH OTHER FINANCIAL INSTITUTIONS AND/OR ASSIGNEES WILL RELY ON THIS APPLICATION IN DECIDING WHETHER TO GRANT THE REQUESTED CREDIT AND WILL RETAIN THIS APPLICATION WHETHER OR NOT IT IS APPROVED. I AUTHORIZE THE CREDITOR AND SUCH OTHER FINANCIAL INSTITUTIONS AND/OR ASSIGNEES TO CHECK MY CREDIT AND EMPLOYMENT HISTORY. I UNDERSTAND THAT A CONSUMER CREDIT REPORT MAY BE OBTAINED FROM ONE OR MORE CREDIT REPORTING AGENCIES (CREDIT BUREAUS) IN CONNECTION WITH THIS APPLICATION OR IN CONNECTION WITH ANY UPDATES, RENEWALS OR EXTENSIONS OF ANY CREDIT GRANTED AS A RESULT OF THIS APPLICATION UPON REQUEST. THE CREDITOR AND/OR SUCH OTHER FINANCIAL INSTITUTIONS AND/OR ASSIGNEES WILL TELL ME WHETHER OR NOT A CONSUMER CREDIT REPORT WAS OBTAINED AND FURNISH ME WITH THE NAME AND ADDRESS OF THE CONSUMER REPORTING AGENCY. I ALSO AUTHORIZE THE CREDITOR AND/OR SUCH OTHER FINANCIAL INSTITUTIONS AND/OR ASSIGNEES TO GIVE INFORMATION ABOUT THIS CREDIT APPLICATION AND ITS CREDIT EXPERIENCE WITH ME TO OTHERS.</p>											

Signature of Primary or Business Applicant	Date	Signature of Co-Applicant or Guarantor	Date
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