

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

Sales Information

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

Trade Information

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

APPLICANT INFORMATION

First Name _____ M. Initial _____ Last Name _____ SR., JR., III **745**
 Present Address _____ Social Security Number _____
 City _____ State _____ Zip _____ Birth Date _____
 Month _____ Day _____ Year _____
 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 _____
 Month _____ Day _____ Year _____ 5955
 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 # _____
 Store Fax # _____ Store Phone # _____

36-14-152 (11/01)

17385



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