

CREDIT APPLICATION

PLEASE PRINT — INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.

INSTRUCTIONS: You may apply for credit in your name alone, whether or not you are married.

(1) Will Applicant(s) be principal driver/operator? YES NO
If No, then Name _____

D.O.B. _____ Relationship _____

(2) Please indicate whether you are applying Individually, or With another person.

(3) We intend to apply for joint credit Applicant Co-Applicant

(4) Indicate your marital status here only if: a) you live in a community property state (AZ, CA, ID, LA, NM, NV, TX, WA, WI), or b) this is a joint application, or c) this is an application for secured credit. MARRIED UNMARRIED SEPARATED
(5) If you are applying for credit with another person, please complete all sections.
(6) If you are married and live in a community property state, or any property that will secure this credit is located within a community property state, please provide information about your spouse in the "Co-Applicant" section (even if this application is in your name alone).
(7) The collateral being applied for will be used primarily for: (check one)
 Personal, family or household use. Business, commercial, or agricultural purposes, or you are an organization or governmental entity.

APPLICANT INFORMATION

Last Name		First Name		Middle		Birthdate	Social Security No.	
Address (Residence)			Unit/Apt.#	City	State	ZIP	How Long: Yrs. ___ Mos.	Driver's License No.
Home Phone () -	Cell Phone () -	Mailing Address (if different from Residence)				City	State	ZIP
Residential Status: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Parents <input type="checkbox"/> Other							Monthly Rent/Mtg. Pmt. \$ _____	
Previous Full Address (If less than 3 years)					How Long: Yrs. ___ Mos.		Email Address:	

EMPLOYMENT and INCOME INFORMATION: Note - Alimony, child support, or separate maintenance income need not be revealed if you do not choose to have it considered as a basis for repaying this obligation.

Employer Name / <input type="checkbox"/> Self-Employed	Monthly Income: \$ Other Income: \$ Source:	Length of Employment Yrs. ___ Mos.	Occupation
Employer Phone Number () -	Previous Employer Name (If less than 3 years)	Length of Employment Yrs. ___ Mos.	Occupation

CO-APPLICANT INFORMATION - This person is a: Spousal Joint Applicant Joint Applicant Co-signer/Guarantor Non-Applicant Spouse

Last Name		First Name		Middle		Birthdate	Social Security No.	
Address (If different than Applicant's)			Unit/Apt.#	City	State	ZIP	How Long: Yrs. ___ Mos.	Driver's License No.
Home Phone () -	Cell Phone () -	Mailing Address (if different from Residence)				City	State	ZIP
Residential Status: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Parents <input type="checkbox"/> Other							Monthly Rent/Mtg. Pmt. \$ _____	
Previous Full Address (If less than 3 years)					How Long: Yrs. ___ Mos.		Email Address:	

EMPLOYMENT and INCOME INFORMATION: Note - Alimony, child support, or separate maintenance income need not be revealed if you do not choose to have it considered as a basis for repaying this obligation.

Employer Name / <input type="checkbox"/> Self-Employed	Monthly Income: \$ Other Income: \$ Source:	Length of Employment Yrs. ___ Mos.	Occupation
Employer Phone Number () -	Previous Employer Name (If less than 3 years)	Length of Employment Yrs. ___ Mos.	Occupation

CREDIT and DEBT INFORMATION: If you are married and live in a community property state, or any property that will secure this credit is located in such, the Seller and AHFC* will assume that all assets and income are community property and all debts are community obligations, unless you indicate otherwise on this application.

Bank Reference: _____ Account No.: _____ Checking Savings
 Type of Loan: Mortgage Auto Payment: \$ _____ Balance: \$ _____ Creditor: _____
 Has any party to this application been the subject, or subject to bankruptcy proceedings? Yes No If yes, explain: _____
 Has any party to this application ever obtained credit under a different name? Yes No If yes, what name? _____
 Had a vehicle repossessed? Yes No If yes, explain: _____

REFERENCES (Required)

Nearest relative not living with you:

Name	Address	Phone () -	Relationship

List 2 additional references:

Name	Address	Phone () -	Relationship
Name	Address	Phone () -	Relationship

Please read and sign below: By your signature below, you certify that you have completed this application to obtain credit, and that all information provided by you for this application is true, correct and complete. You understand and agree that this application and related credit information will be forwarded to AHFC* (or other financial institution if shown below), and AHFC* may be asked to buy the retail installment contract involved in this transaction. You authorize AHFC* to communicate the reason(s) for action taken on this application to the Dealer named below. You authorize the Seller and AHFC* (collectively "We," "Us" and "Our") to make inquiries and obtain information about you as We deem appropriate for the purpose of evaluating this application, and for any update, renewal, or extension of the credit received, including obtaining credit reports, contacting your credit references and/or your employer, and contacting any person or department about your driving record. You also authorize Us to provide credit information about this transaction to others for the purpose of initiating, monitoring, and other purposes related to your account. You authorize Us to give a copy of this application to anyone who has agreed to pay debts incurred on the basis of this application. If you provided your email address on this application, you agree that any communications and correspondence to you from any of the parties to this transaction may be effected by email.

You agree that if an account is created for you, all of the following will also apply: (a) AHFC* may monitor and record telephone calls regarding your account to assure the quality of Our service or for other reasons; (b) you expressly consent to AHFC*'s* using prerecorded/artificial voice messages, text messages, and/or automatic dialing equipment while servicing or collecting your account, as the law allows; (c) you agree that AHFC* may take these actions using the telephone number(s) that you provide Us in this credit application, that you provide to AHFC* in the future, or it obtains from another source, even if the number is for a mobile telephone and/or Our using the number results in charges to you.

You are notified that your application may be submitted to (Name and Address required): _____

Applicant's Signature: _____ Date: _____ Co-Applicant's Signature: _____ Date: _____

STATE NOTICES — California Residents: If married you may apply for a separate account. **Ohio Residents:** The Ohio laws against discrimination require that all creditors make credit equally available to all creditworthy customers, and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio Civil Rights Commission administers compliance with this law.

Maine Residents: If your application is approved and credit is granted, you will be required to insure the vehicle against loss or damage. If this application is for a lease, you will also be required to have liability insurance. You may place this insurance through the agent or broker of your choice, whether or not such agent or broker is affiliated with the dealer or holder of your contract. Obtaining insurance from a particular agent or broker will not affect the credit decision unless the insurance product selected violates the terms of your contract.

Married Wisconsin Residents: No agreement, unilateral statement or court decree relating to marital property adversely affects a creditor's interest unless prior to the time credit is granted the creditor is furnished a copy of the agreement, statement or decree, or has actual knowledge of the adverse provision. If the credit for which you are applying is granted, your spouse will also receive notification that credit has been extended to you. **New York, Rhode Island and Vermont Residents:** Consumer reports (credit reports) may be obtained in connection with this application. If you request: 1) You will be informed whether or not consumer reports were obtained; and 2) If consumer reports were obtained, you will be informed of the names and addresses of the consumer reporting agencies (credit bureaus) that furnished the reports. If this application for credit is approved, you authorize AHFC* to request and use subsequent consumer reports in connection with (a) renewals or extensions of this credit; (b) reviewing your credit; (c) for the purpose of taking collection action on this extension of credit; or (d) other legitimate reasons associated with this extension of credit.

NOTICE OF MAILING OF PRIVACY NOTICES

PRIVACY NOTICE: AHFC Privacy Notice will be mailed to the applicant at the address provided in this credit application five to ten days after funding. The Privacy Notice is also available at <http://www.hondafinancialservices.com/account-management/printable-forms>.

DEALER SECTION					
Dealer #:	Base Price		\$ _____		
Dealer Name:	Tax/Title/License		\$ _____		
Dealer Contact:	Accessories		\$ _____		
Sales Program:	Net Trade		\$ _____		
Complete Honda Model ID#:	Cash Down Payment		\$ _____		
Rate: _____ Term: _____	Requested Amount		\$ _____		
Additional Asset Description	Year	Make/Model	VIN/HIN	Invoice Amount	MSRP
Asset #1:					
Asset #2:					
Asset #3:					

*AHFC means and includes American Honda Finance Corporation, 20800 Madrona Avenue, Torrance, CA 90503

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