



DEALER/EMPLOYEE NAME COMPLETING DRIVER'S LICENSE INFORMATION

## P.O. Box 1704, Clemmons, NC 27012 TELEPHONE: 1-800-438-8892 FACSIMILE: 1-800-438-8894 www.sheffieldfinancial.com

|  | VI APPLICATI   | ON WITH   | Applicant  | Full Name  | AN   | ID   | Joint Applican   | t Full Name   |
|--|--|---|--|--|--|--|--|---|
|  |  | TYPE C  | F ACCOUNT REC  | QUESTED: (   | INSTALLMENT LOAM   | N  SHEFFIELI   | D CARD   |   |
| E CONTRACTOR E   | DATE   | SALES PERSON  |  | DEALER NAME  |  |  | TELEPHONE NUMBER   |   |
| 8  | PROMOTION  | 1   | APPROVAL #   | <del></del>  | REQUESTED AMOUNT   | # PAYMENTS   | FAX NUMBER   |   |
| 4PP  | PLICANT IN   | FORMATION   | CONSUMER   | /PERSONAL  | /HOUSEHOLD USE (   | BUSINESS/CC  | MMERCIAL U   | SE.   |
| IRST   | NAME   |   | LAST NAME  |  |  | MIDDLE NAME  |  | JR/SR   |
| RESE   | ENT STREET ADDR  | RESS (NOT P.O. BOX)   |  | APT. #   | CITY   |  | STATE  | ZIP CODE HOW LONG   |
| OME TELEPHONE CELL PHONE   |  | L PHONE   | SOCIAL SECURITY #  |  | BIRTH DATE   |  | YEARS  — OWWBUYING ORENT F  ORENT OOTHER   |   |
| AAILIN   | IG ADDRESS IF DI   | FFERENT FROM ABOV   | Æ  | APT. #   | CITY   |  | ŞTATE  | ZIP CODE  |
| MAIL   | ADDRESS By pro   | viding, I agree that Si   | neffield may use this er   | mail address to d  | correspond with me regarding   | my personal account i  | nformation.  |   |
| and the party of   | and the second s | ITION - SELF EMPLOY   | territological autoriani accoptanti de la constanti de la cons |  |  |  |  |   |
| URRI   | ENT EMPLOYER (II   | F SELF EMPLOYED, B  | USINESS NAME)  |  |  | BUSINESS   | S TELEPHONE NUM  | MBER  |
| STATE OF   |  |   |  |  |  |  |  |   |
| MPLC   | OYER ADDRESS   | *Alin   | nony, child support or se  | parate maintenan   | HOW LONG? YRS<br>ce income need not be revealed  | MOS. GROSS A<br>if you do not wish to hav  | AONTHLY INCOME<br>e it considered as a   | FROM ALL SOURCES* basis for repaying this obligation.                                 |
| New Contract   |  |   | OTATE NO. 0  |  | OUT OUT OF   |  |  |   |
| city<br>City   | ICK IF LOAN TO BE  | E IN BUSINESS NAME  | STATE ZIP C<br>ABOVE, GUARANTY A   |  | OSITION/TITLE<br>QUIRED.   |  |  |   |
| No. A. C.  |  |   |  |  | Andrew Control of the |  |  |   |
| VAME   | OF NEAREST REL   | ATIVE NOT LIVING WI   | TH YOU   |  |  | TELEPHO  | NE NUMBER  |   |
|  |  |   |  | •  |  |  |  |   |
| CITY   |  |   | STATE ZIP C  | ODE  |  |  |  |   |
| BANK   | INFORMATION  |   |  |  |  |  |  |   |
|  | NIA SAF  |   |  |  |  |  |  |   |
| BANKI  | NAME   |   | Control of the contro | Service Stone of the Stone of t |  |  |  |   |
| BANKI  |  | TURER   | VEAR.  | MAFE   | MAREL  | VINICEDIA  | namen and the second se | DDIFC.  |
| dutio des  | MANUFAC  | TURER:  | YEAR:  | MAKE:  | MODEL:   | VIN/SERI   | N#:  | PRICE:  |
| BANK   | MANUFAC  | CTURER:   | YEAR:  | MAKE:  | MODEL:   | VIN/SERI   | AL#:   | PRICE:  |
| dutio des  | MANUFAC  | CTURER:   |  |  |  | VIN/SERI   | AL#:   | PRICE:  |
| to the state   | MANUFAC  | D OTHER CHARGES/FEES (UST) ALER:  |  |  |  | TOTAL (UNES 1-3  | \$   | PRICE:  |
| to the state   | MANUFAC  | D OTHER CHARGES/FEES (UST) ALER:  | ELS<br>REPARE YOUR CUSTOMER  | EQUIF<br>EVER  | ement,<br>EH Willis  |  | \$   | PRICE:  |
| tulia dec  | MANUFACE  1 2 3 ACCESSORIES AND THIS INFORMAT CONTRACT. IN   | DOTHER CHARGES/FEES (ILST)<br>ALER:<br>TION WILL BE USED TO PE<br>CORRECT INFORMATION   | REPARE YOUR CUSTOMER'  | EQUIF<br>EVER<br>703-9   | mont<br>6H Willis  | TOTAL (UNES 1-3  | \$   | PRICE:  |
| FOR SERVICE OF SERVICE AND SERVICE OF SERVIC | MANUFACE  A ACCESSORIES AND  NOTICE TO DE THIS INFORMA CONTRACT. IN  *If equipment   | DOTHER CHARGES/FEES (1157) ALER: TION WILL BE USED TO PF CORRECT INFORMATION I being traded in is fine  | REPARE YOUR CUSTOMER' N WILL DELAY FUNDING   | EQUIF<br>S EVER<br>703-9<br>d, call us for pay   | PMENT<br>6H Willis<br>619-1379<br>-off and instructions.   | TOTAL (UNES 1-3<br>LESS CASHDOWNPAY<br>LESS TRADEIN'<br>REQUESTED AMOUNT   | \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$   |   |
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| IMPC<br>verify<br>WHA<br>We en   | MANUFACE  A ACCESSORES AND  A ACCESSORES AND  A ACCESSORES AND  A CONTRACT. IN  A CONTRACT. IN  A CONTRACT   | DOTHER CHARCES/FEES (ILST)  ALER: TION WILL BE USED TO PH CORRECT INFORMATION I being traded in is fina RMATION ABOUT formation that iden S TO YOU: When y see your driver's li     | REPARE YOUR CUSTOMER' WILL DELAY FUNDING anced through Shefflel ACCOUNT OPENI  | EQUIP<br>S EVER<br>703-9<br>d, call us for pay<br>ING PROCED<br>who asks to o  | PMENT, IIIS 319–1379 -off and instructions.  DURES: Federal law requirement an account.  | TOTAL (UNES 1-3<br>LESS CASHDOWNPAY<br>LESS TRADE IN'_<br>REQUESTED AMOUNT<br>Ires all financial ins                           | S S S S S S S S S S S S S S S S S S S  | o account opening, to obta  |
| MPC<br>werify<br>WHA<br>We mopen   | MANUFACE  MANUFA | DETHER CHARGES/FEES (LIST) ALER: TION WILL BE USED TO PR CORRECT INFORMATION I being traded in is fine RMATION ABOUT formation that iden IS TO YOU: When y see your driver's list Y | REPARE YOUR CUSTOMER' WILL DELAY FUNDING anced through Shefflel ACCOUNT OPENI  | EQUIF<br>EVER<br>703-9<br>d, call us for pay<br>ING PROCED<br>who asks to o<br>t, we will ask y  | off and instructions.  OURES: Federal law requipen an account.  rour name, address, date nents. Failure to provide to  | TOTAL (UNES 1-3 LESS CASHDOWNPAY LESS TRADEIN' REQUESTED AMOUNT ires all financial ins of birth, and other the required inform | ) stitutions, prior tinformation tha   | o account opening, to obtait will allow us to identify you tin denial of your request |
| IMPC<br>Werify<br>WHA<br>DEAL  | MANUFACE  A ACCESSORIES AND  A A | DETHER CHARGES/FEES (LIST) ALER: TION WILL BE USED TO PR CORRECT INFORMATION I being traded in is fine RMATION ABOUT formation that iden IS TO YOU: When y see your driver's list Y | REPARE YOUR CUSTOMER' WILL DELAY FUNDING anced through Sheffiel ACCOUNT OPENI diffies each person of the second of | EQUIF<br>EVER<br>703-9<br>d, call us for pay<br>ING PROCED<br>who asks to o<br>t, we will ask y  | ement, 11/15 819–1379 -off and instructions.  DURES: Federal law requipen an account.  rour name, address, date nents. Failure to provide to   | TOTAL (UNES 1-3 LESS CASHDOWNPAY LESS TRADEIN' REQUESTED AMOUNT ires all financial ins of birth, and other the required inform | Stitutions, prior tinformation that ation may resultiver's LICENSE N   | PRICE:  |



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|           | JOINT APPLICANT INFORMATION An action for all   | rou. The primary card holder (and joint applicant, if any) will be jointly and severa ints due on the account.  |           |             |       |                                     |       |  |  |
|-----------|---|---|-----------|-------------|-------|-------------------------------------|-------|--|--|
|           | FIRST NAME LAST NAME  |   |           | MIDDLE NAME |       | JR/8                                | ≩R    |  |  |
| Z         | PRESENT STREET ADDRESS (NOT P.O. BOX)   | APT.#   | CITY      |             | STATE | ZIP CODE                            | YEARS |  |  |
| SECTION   | HOME TELEPHONE CELL PHONE   | SOCIAL  | SECURITY# | BIRTH DATE  |       |                                     |       |  |  |
| SE        | MAILING ADDRESS IF DIFFERENT FROM ABOVE   | APT.#   | CITY      |             | STATE | ZIP CODE                            |       |  |  |
|           | EMPLOYMENT INFORMATION • SELF EMPLOYMENT  |   |           |             |       |                                     |       |  |  |
|           | CURRENT EMPLOYER (IF SELF EMPLOYED, BUSINESS NAME)  BUSINESS TELEPHONE NUMBER   |   |           |             |       |                                     |       |  |  |
|           | EMPLOYER ADDRESS *Alimony, child support or se  | parate maintenance income need  |           |             |       | NCOME FROM AL<br>basis for repaying |       |  |  |
|           | CITY STATE  | ZIP CODE POSITION/TIT   | LE        |             |       |                                     |       |  |  |
| SECTION 2 | This is an application for credit to Sheffield Financial, a division or Company ("Application"). The words "we," "us," and "our" and "Sheffield Financial, its designated service providers, agents, assig applicable. The words "you" and "your" mean each applicant (as (collectively) shown in Section 1 and signing the Application, either joint applicant.  You agree that you read this Application and everything stated in it that you are at least 18 years of age.  If this Application is for a credit card and revolving line of credit a ("Sheffield Card"), then: (a) you agree that you are asking Sheffiel Sheffield Card shown in the Application and Account Openi You authorize us to verify and obtain your credit and employment if you in this Application. You authorize us to obtain credit reports or you from one or more consumer reporting agencies in connection with re renewals, modification, sour authorize us to obtain such credit and the future from consumer reporting agencies in connection with re renewals, modification, servicing, and collection of your Sheffield apurposes allowed by law. If you request, we will inform you whethe about you and, if so, provide the name and address of the consum furnished any such report.  You understand and agree that we may provide information about parties (including consumer reporting agencies) for lawful purpose TION ABOUT YOUR ACCOUNT TO CREDIT BUREAUS. LATE PAYMENTS DEFAULTS ON YOUR ACCOUNT MAY BE REFLECTED IN YOUR CREDIT You agree that we may call you, leave you a voice, prerecorded, or you a text, e-mail, or other electronic message for any purpose relationship to the products and services, or surveys or research (each, athat we may call or text you at any telephone number associated we cellular telephone numbers, and may send an e-mail to any email accounts. You also agree that we may include your personal inform | charges have been paid in full; and (iv) you are not purchasing any property financed through us for the benefit or use of a person or entity other than you, without our prior written approval. You understand and agree that you are granting us a purchase money security interest in the property you purchase with the Sheffield account.  CALIFORNIA RESIDENTS: A married applicant may apply for a separate account. After credit approval, each applicant shall have the right to use this account to the extent of any credit limit set by the creditor and each applicant may be liable for all amounts of credit extended under this account to each joint applicant.  NEW YORK RESIDENTS APPLYING FOR SHEFFIELD CARD: New York residents may contact the New York State Department of Financial Services at 877-226-5697 to obtain a comparative listing of credit card rates, fees, and grace periods.  OHIO RESIDENTS: The Ohio laws against discrimination require that all creditors make credit equally available to all credit worthy customers, and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio Civil Rights Commission |           |             |       |                                     |       |  |  |
|           | SIGNATURE (Primary Applicant)   |   |           | D.          | ATE   |                                     |       |  |  |
|           | SIGNATURE (Joint Applicant)   |   |           | D.          | ATE   |                                     |       |  |  |