

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) Please indicate whether you are applying Individually, or With another person.
 (2) 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 an application for secured credit.
 MARRIED UNMARRIED SEPARATED
 (3) If you are applying for credit with another person, please complete all sections.

(4) 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).
 Will Applicant(s) be principal driver/operator? YES NO.
 The vehicle 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				City	State	Zip	How Long: ____ Yrs. ____ Mos.	Drivers License No.
Home Phone	Work Phone	Mailing Address (it different from Home Address)				City	State	Zip
Residential Status: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Buying <input type="checkbox"/> Parents <input type="checkbox"/> Other _____							Monthly Rent/Mtg. Pmt. \$ _____	
Previous Full Address (if less than 3 years)					How Long: ____ Yrs. ____ Mos.	E-Mail 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: \$ _____	Length of Employment ____ Yrs. ____ Mos.	Occupation
	Other Income: \$ _____ Source: _____		
Previous Employer Name (If less than 3 years)	Phone Number	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)				City	State	Zip	How Long: ____ Yrs. ____ Mos.	Drivers License No.
Home Phone	Work Phone	Mailing Address (if different from Home Address)				City	State	Zip
Residential Status: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Buying <input type="checkbox"/> Parents <input type="checkbox"/> Other _____							Monthly Rent/Mtg. Pmt. \$ _____	
Previous Full Address (If less than 3 years)					How Long: ____ Yrs. ____ Mos.	E-Mail 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: \$ _____	Length of Employment ____ Yrs. ____ Mos.	Occupation
	Other Income: \$ _____ Source: _____		
Previous Employer Name (If less than 3 years)	Phone Number	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/Lessor 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 Payment: \$ _____ Balance: \$ _____ Creditor: _____
 Auto Payment: \$ _____ Balance: \$ _____ Creditor: _____

Has any party to this application been the subject, or subject to bankruptcy proceedings? Yes No Explain, if yes. _____
 Has any party to this application ever obtained credit under a different name? Yes No If so, What name? _____
 Had a vehicle repossessed? Yes No If so, explain: _____

References

Nearest relative not living with you:			
Name	Address	Phone	Relationship to Applicant
List 2 additional references:			
Name	Address	Phone	Relationship to Applicant

Please read and sign below: By my signature below, I certify that I have completed this application to obtain credit, and that all information provided by me for this application is true, correct and complete. I understand and agree that this application and related credit information will be forwarded to Honda Finance* (or other financial institution if shown below), and Honda Finance* may be asked to buy the retail installment contract or lease involved in this transaction. I authorize Honda Finance* to communicate the reason(s) for action taken on this application to the Dealer named below. I authorize the Seller/Lessor, and Honda Finance* (collectively "You") to make inquiries and obtain information about me as You 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 my credit references and/or my employer, and contacting any person or department about my driving record. I also authorize You to provide credit information about this transaction to others for the purpose of initiating, monitoring, and other purposes related to this account. I authorize You to give a copy of this application to anyone who has agreed to pay debts incurred on the basis of this application. If I provided my e-mail address on this application, I agree that any communications and correspondence to me from any of the parties to this transaction may be effected by e-mail.

*Honda Finance means and includes American Honda Finance Corporation and Honda Lease Trust, 700 Van Ness Avenue, Torrance, CA 90501

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

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

DEALER SECTION

Dealer Name		Dealer #-		Dealer Contact Person:			
Honda/Acura Customer: <input type="checkbox"/> Yes <input type="checkbox"/> No		Year	Make	Model #		MSRP	
AHFG* Customer: <input type="checkbox"/> Yes <input type="checkbox"/> No		Term:		Invoice	Estimated Payments	Cap. Cost Red.	Adj. Cap. Cost
Loyalty: <input type="checkbox"/> Yes <input type="checkbox"/> No		Cash Price:		Sales Tax:	Cash Down:	Trade-In Amount	Amount Financed
Sales Program: <input type="checkbox"/> New <input type="checkbox"/> Used <input type="checkbox"/> Certified		Miles: _____					