



FCC Dealer Code: _____ (PLEASE PRINT)

Company Name: _____

Salesperson Name: _____

Salesperson Phone: _____

APPLICATION COVER SHEET

*** ATTENTION ***

This cover sheet is required if:

A) the credit application was not submitted via our website at FCCEZ.com, OR

B) the contract is not sent at the same time as the credit application.

Omitting any requested information could result in a lower rating or a turn down.

Buyer 1: _____ Age____, Income/mo_____, Addr. Time: yrs____, mos____, Employ. Time: yrs____, mos____

Buyer 2: _____ Age____, Income/mo_____, Addr. Time: yrs____, mos____, Employ. Time: yrs____, mos____

Buyer 1 e-mail: _____ Buyer 2 e-mail: _____

Contract Date: _____ Amount Financed (\$): _____ Down (\$): _____ Interest (% APR): _____ Term (mos): _____

First Payment Date: _____ Same-as-Cash Terms (if zero, enter 0): mos ____ Value of Accessories (if zero, enter 0):\$ _____

Dealer Assignment is **OPTIONAL**. Do not sign unless pre-assigning: _____ Today's Date: _____
Accelerated Verification Request (RUSHverify®) services are available as a low-cost subscription. Call for more information.

ACH AUTHORIZATION FORM

ATTENTION: This authorization instructs customer's bank to handle ACH automatically.

AUTHORIZATION TO WITHDRAW FUNDS BY: FIRST CREDIT CORPORATION OF BOULDER, COLORADO

As a convenience to me, I authorize you to make payment to First Credit Corporation of Boulder, Colorado by withdrawing from my account by check, draft, or automatic debit entry. I agree that First Credit Corporation's rights with respect to each such debit will be the same as if it were personally executed by me. I understand that this payment plan may be cancelled by First Credit Corporation due to Non-Sufficient Funds (NSF). I will be liable to pay a fee of \$25.00 (or the amount allowed by law), which may be automatically debited for each NSF. I warrant that I am authorized to execute this payment plan. **To assist in fraud prevention, I authorize a small test transaction of 2¢ be drawn as part of the application approval process.** I indemnify First Credit Corporation and the bank from damage, loss or claim resulting from all authorized actions. This authorization is to remain in effect until you receive notice from me to revoke it.

Buyer 1

Buyer 2 (if applicable)

Bank Name: _____

Bank Name: _____

Bank Routing #: _____

Bank Routing #: _____

Checking Account #: _____

Checking Account #: _____

X _____ X _____

X _____ X _____

Today's Date Authorized Signature (as shown on account)

Today's Date Authorized Signature (as shown on account)

If First Payment Date shown on contract falls on the 29th-31st, monthly withdrawals will occur on the first business day of the following month.

FIRST CREDIT CORPORATION

P.O. Box 9300

Boulder, CO 80301

E-mail: apps@firstcredit.us

Fax: 1-303-499-3042

Phone: 1-720-407-8671