

Dealer Completes This Section

<input type="text"/> Dealer Name		<input type="text"/> Dealer Number		<input type="text"/> Selling Price	
<input type="text"/> Salesperson		<input type="checkbox"/> Individual <input type="checkbox"/> Joint <input type="checkbox"/> Co-Signer		<input type="text"/> Cycle Insurance	
<input type="text"/> Request Amount Financed		<input type="text"/> Down Payment		<input type="text"/> Extended Service Plan	
<input type="text"/> Trade Allowance		<input type="text"/> Trade Payoff		<input type="text"/> GAP	
<input type="text"/> Make		<input type="text"/> Trade Equity		<input type="text"/> Credit Life & Disability	
<input type="text"/> Year		<input type="checkbox"/> New <input type="checkbox"/> Used Model		<input type="text"/> Accessories	
		<input type="text"/> Promotion Code/Name		<input type="text"/> Other	
				<input type="text"/> Taxes	
				<input type="text"/> Total Cash Price	

Applicant Information

Applicant Full Name

Social Security Number **Date of Birth**

Current Mailing Address

Address

City **State** **Zip**

Home Phone Number **How long have you lived there?**

Own Rent Other

Monthly Housing Payments

Physical Address (if different from current mailing address)

Address

City **State** **Zip**

Previous Address (if less than 2 years at current address)

Address

City **State** **Zip**

How long at address?

Current Employer Self Employed

Name **Work Phone**

Gross Income Per Month **Position** **How long have you worked there?**

Other Income Source* **Other Income Amount***

*Alimony, Child Support, and/or Separate Maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.

Previous Employer (if less than 2 years at current employer)

Name **How long did you work there?**

Eaglemark Savings Bank

4150 Technology Way
Carson City, NV 89706



A subsidiary of Harley-Davidson Credit Corp.

Joint/Co-Signer Applicant Information

<input type="text"/>		
Joint/Co-Signer Applicant Full Name		
<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship	Social Security Number	Date of Birth

Current Mailing Address

<input type="text"/>		
Address		
<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	Zip
<input type="text"/>	<input type="text"/>	
Home Phone Number	How long have you lived there?	
<input type="text"/>	<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other	
Monthly Housing Payment		

Current Employer Self Employed

<input type="text"/>		
Name		
<input type="text"/>	<input type="text"/>	<input type="text"/>
Gross Income Per Month	Position	How long have you worked there?
<input type="text"/>	<input type="text"/>	
Other Income Source*	Other Income Amount*	

*Alimony, Child Support, and/or Separate Maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.

References

<input type="text"/>	<input type="text"/>	<input type="text"/>
(1) Relationship	Name	Home Phone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	
<input type="text"/>	<input type="text"/>	<input type="text"/>
(2) Relationship	Name	Home Phone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	

FINANCIAL PROTECTION PLAN (GAP) HAS BEEN PRESENTED AND I CHOOSE TO (check one):

Accept Decline this protection. Initial: _____

PAYMENT PROTECTION PLAN (CREDIT LIFE & DISABILITY) HAS BEEN PRESENTED AND I CHOOSE TO (check one):

Accept Decline this protection. Initial: _____

Coverage, rates and availability may vary by state. Dealer origination may affect the cost and terms of the offer. Credit approval is not based on your decision to accept or decline the coverage.

By signing below, I acknowledge that I have received the Harley-Davidson Financial Services Privacy Notice, that I have read the Notice to Applicant(s) & Authorization by Applicant(s) section, and I agree to the terms and conditions set forth in this Credit Application–Customer Statement. I hereby certify that the information contained in this Credit Application–Customer Statement is complete and accurate to the best of my knowledge.

X _____
Primary Applicant Signature Date

X _____
Joint/Co-Signer Applicant Signature Date

NOTICE TO APPLICANT(S) & AUTHORIZATION BY APPLICANT(S):

This Credit Application–Customer Statement will be submitted to Eaglemark Savings Bank, and its successors and assigns, at 4150 Technology Way, Carson City, Nevada 89706, for consideration of whether it meets the credit requirements of Eaglemark Savings Bank, and its successors and assigns.

Applicant(s) hereby authorize(s) an investigation of his/her/their credit and employment history. Applicant(s) understand(s) that his/her/their credit and employment history obtained in and in connection with this Credit Application–Customer Statement will be used in determining his/her/their eligibility for credit approval by Eaglemark Savings Bank, and its successors and assigns.

Applicant will be required to obtain and pay for vehicle insurance covering the collateral for the full term of the loan, for liability and physical damage for both collision and comprehensive losses to include such perils as FIRE, THEFT, and VANDALISM. Eaglemark Savings Bank, and its successors and assigns, must be listed as a LOSS PAYEE AND ADDITIONAL INSURED. Applicant will provide verification in the form of a certificate of insurance through an acceptable carrier with thirty (30) days notice of any intent to cancel or non-renew to be provided by the issuing carrier to the applicant and loss payee. YOU MAY CHOOSE THE PERSON THROUGH WHOM ANY INSURANCE IS OBTAINED.

NOTICE TO CALIFORNIA RESIDENTS: Regardless of your marital status, you may apply for credit in your name alone.

NOTICE TO MAINE RESIDENTS: Consumer reports (credit reports) may be requested in connection with this application. Upon request, you will be informed whether or not a consumer report was requested and, if it was, of the name and address of the consumer reporting agency that furnished the report.

NOTICE TO NEW YORK RESIDENTS: Consumer reports may be requested in connection with the processing of your application and any resulting account. Upon request, we will inform you of the names and addresses of any consumer reporting agencies which have provided us with such reports.

NOTICE TO OHIO RESIDENTS: 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.

NOTICE TO RHODE ISLAND RESIDENTS: Consumer reports may be requested in connection with this application.

NOTICE TO VERMONT RESIDENTS: The creditor may obtain credit reports about you on an ongoing basis in connection with this extension of credit transaction for any one or more of the following reasons: (1) reviewing the account; (2) taking collection action on the account; or (3) any other legitimate purposes associated with the account.

NOTICE TO MARRIED WISCONSIN RESIDENTS: No provision of a marital property agreement, a unilateral statement under Wisconsin Statutes 766.59 or a court decree under Wisconsin Statutes 766.70 adversely affects the interest of the creditor unless the creditor, prior to the time the credit is granted, is furnished a copy of the agreement, statement or decree or has actual knowledge of the adverse provision when the obligation to the creditor is incurred.