

ALLCREDIT ACCEPTANCE COMPANY, LLC 7977 HIGHWAY 92 WOODSTOCK, GA 30189 866.803.5128 OFFICE 770-790-3175 FAX

Dealer:	Tier:	Date: / /
Customer Name	2:	SSN://
Year:	Make:	Model:
VIN 6:	Color:	Miles:
AllCredit Of	fer Sheet (Internal use only)	
Black Book	(Internal use only)	
Carfax / Auto	oCheck (Internal use only)	
Simple Intere	est Retail Installment Contract	
Bill of Sale_		
Signed Credi	it Application	
Dealer Assig	nment	
Odometer St	atement	
Generation "As Is" Agree	ement	
		e Comp. & Coll. \$500 each or less and ACAC as lien
Proof of Inc	ome (pay-stub, W-2, or bank sta	atements that support monthly income stated on credit
Proof of Res	idence (utility bill, cell phone bill	)
		complete phone numbers and addresses three of which cosigner needs additional 6 references)
References C	Checked?	
<b><u>GA</u></b> or <u><b>TN</b></u> D	river's License #: Exam	m Date:// Exp. Date// (Legible & Valid)
Social Securi	ity Card (if available)	
Risk Based F	Pricing Notice (RBPN)	
Fair Credit A	Act Form (signed) – (if no authoriza	ation to release information is on credit application)
Uvehicle Acce	ess Limitation Waiver and GPS Ir	nstallation Agreement (2 separate forms)
Notice to Co	signer (signed) – (if applicable) _	
First Paymer	nt Letter (signed)	
Vehicle Equi	ipment Sheet (signed by Dealer) _	
GPS Serial (	Unit must be active and listed on	our LoanPlus account)
Customer Int	terview – Best Contact Number (	)
Emissions Te	est (only applies for counties that	are required)
	ssing documents to 678-384-7154. For	dit as Lien Holder any questions regarding funding matters and checks, contact ext 103 (office) or 678-858-9099 (cell)



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CREDIT APPLICATI	ON ()APPLICANT	( )COSIGNER	( )IN	DIVIDUAL ()JOIN
DEALERSHIP:	DATE	://	/	
LAST NAME:	FIRST:		MIDDL	.E:
DATE OF BIRTH://	SOCIAL SEC #	<b>:</b>		YRS IN GA:
LICENSE #:	EXPIRES:	//	E-MAIL:	
HOME:	_ CELL:		WORK:	
CURRENT ADDRESS:			HOW LONG:	YR MT
CITY:	STATE:	_ ZIP:	COUNTY:	
RESIDENCE: ()RENT ()OWN (	)FAMILY ()OTHER	RENT/MTG	AMOUNT: \$	SPLIT: Y/
LANDLORD NAME:		LANDLORD #	<b>#:</b>	
PREVIOUS ADDRESS:			HOW LONG:	YR MT
CITY:	STATE:	_ ZIP:	COUNTY: _	
NEXT PREVIOUS ADDRESS:			HOW LONG:	YR MT
CITY:	STATE:	_ ZIP:	COUNTY:	
CURRENT EMPLOYER:			_ PHONE:	
COMPANY ADDRESS:			HOW LONG:	YR MT
CITY:	STATE:	_ ZIP:	COUNTY: _	
JOB TITLE: SUP	ERVISOR:	GROSS MON	NTHLY INCOME:	\$
NET INCOME: \$ HOU	RLY RATE \$	HOURS PER WE	EEK:	_ FULL TIME: Y /
INCOME TYPE: ()CASH/TIPS	()1099/SELF-EMPLOY	/ED ()W2/SSI	I/DISABILITY/	RETIREMENT
PAID: ()MONTHLY ()SEMI-M	ONTHLY ()BI-WEEK	KLY ()WEEKLY	( )PER JO	IB
PREVIOUS EMPLOYER:			_ PHONE:	
COMPANY ADDRESS:			HOW LONG:	YR MT
OTHER SOURCES OF INCOME:		AMOUNT:	\$	MONTHLY: Y /
HAVE YOU EVER HAD A REPOSSESS	ION: ( )YES ( )NO I	F YES, HOW MANY	(? LAST R	EPO DATE:
HAVE YOU EVER FILED BANKRUPTO	Y: ()YES ( ) NO	)() IF	YES: ( )CHAP	т 13 ( )СНАРТ 7
BK DISCHARGE DATE: / _	/	BK DISMISSAL	DATE:	. / /

The undersigned hereby authorizes the selling dealer and finance company(s) to initiate a credit investigation based upon the following information, which information has been voluntarily provided by myself and warrants the truth and accuracy of this information. The undersigned further warrants that a bankruptcy proceeding is neither in progress nor anticipated and acknowledges receipt of this application.

\_\_\_\_\_ Contemporaneously herewith applicant has completed the authorization to contact via cell phone and/or pager which is incorporated herein by reference



# References

	<b>nplete, Legible &amp; Verifiable</b> , <b>three</b> of the <b>six</b> personal <b>mbers</b> . Incomplete references will not be considered.
Customer Name:	Phone:
Name:	
Address:	
City/State/Zip:	
Phone:	Relationship
Name:	
Address:	
City/State/Zip:	
Phone:	Relationship
Name:	
Address:	
City/State/Zip:	
Phone:	Relationship
Name:	
Address:	
City/State/Zip:	
Phone:	Relationship
Name:	
Address:	
City/State/Zip:	
Phone:	Relationship
Name:	
Address:	
City/State/Zip:	
Phone:	Relationship



## ASSIGNMENT

The Seller's full interest in the *Motor Vehicle Sales Contract and Security Agreement*("Contract") entered into between \_\_\_\_\_\_\_ ("Seller")
and \_\_\_\_\_\_\_ ("Buyer")
on the \_\_\_\_\_\_ day of \_\_\_\_\_\_\_, 20\_\_\_\_ for the purchase of a
\_\_\_\_\_\_ [Year / Make / Model of Vehicle]
\_\_\_\_\_\_ [last six VIN] is hereby assigned to AllCredit Acceptance Co., LLC
("AllCredit") on this \_\_\_\_\_\_ day of \_\_\_\_\_\_\_, 20\_\_\_\_.

The assignment to AllCredit is absolute, unconditional, and a complete transfer of all rights of the Seller under the contract. AllCredit has purchased Contract from Seller, and Seller has no right to payment or other form of proceeds that may be derived from the Contract.

This \_\_\_\_\_\_ day of \_\_\_\_\_\_, 20\_\_\_\_\_,

Signature of Representative of Seller

Title of Representative



### CUSTOMER DISCLOSURE RELEASE FORM FAIR CREDIT REPORTING ACT

This application for a credit sale will be submitted to *AllCredit Acceptance Company, LLC* by \_\_\_\_\_\_\_\_\_(*dealer*) for consideration as to whether it meets purchase requirements. I certify that the information contained herein is complete and accurate. I hereby authorize an investigation of my credit and employment history, to include information obtained from credit reporting agencies. I further authorize the release of information about my credit experience with *AllCredit Acceptance Company, LLC* should the referred company purchase my loan.

Please utilize this letter, or copy thereof, as appropriate authority to request and obtain any information concerning myself from employers, references or credit reporting agencies. I understand that the Federal Privacy Act, or other laws, rules, or regulations may prohibit disclosure of such information without this expressed approval and authority.

Signed:	
Borrower Signature	Date:
Social Security Number	Date of Birth
Co-Borrower Signature	Date:
Co-Borrower Social Security Number	Date of Birth



### Vehicle Access Limitation Waiver

(Standard Form ACAC0707 – GPS and Arbitration)

I have been told and understand that my vehicle is equipped with Global Positioning Satellite (GPS) location technology capable of allowing the lien holder to locate the vehicle at anytime, regardless of where the vehicle is located. I further understand that it is the right of the lien holder to limit use of the vehicle or repossess the vehicle should I not pay the contractually required payment or the mandatory insurance coverage is cancelled.

If such payments and insurance is not maintained, I further understand that it is the right of the lien holder to remotely deactivate my vehicle rendering it inoperable and repossess it. If such action is taken, I understand that there will be a GPS re-activation fee of \$150 that will be assessed in addition to the associated repossession fees. I also have been told and understand that my tampering with or altering of the GPS capability in the vehicle could result in loss of the vehicle and fees up to \$2000.

Disputes shall, at Lien Holder's or my request, be resolved by binding arbitration and not in court. I may select either of the following organizations and its applicable rules to conduct the arbitration: The American Arbitration Association, 335 Madison Ave., Floor 10, New York, NY 10017-4605 (<u>www.adr.org</u>), or the National Arbitration forum, Box 50191, Minneapolis, MN 55405-0191 (www.arb-forum.com).

Lien Holder and I shall retain the right to sue in small claims court for a dispute within that court's jurisdiction, unless such action is transferred, removed or appealed to a different court. This agreement shall survive any termination, payoff or transfer of my retail installment contract. This agreement and notice does not supersede the installment loan contract and all terms, conditions and remedies associated thereto.

Vehicle Year	Make	Model	
Vehicle VIN Numbe	r:		
My (Buyer) Printed	Name:		
My (Buyer) Signatur	re:		
Co-Buyer Printed Na	ame:		
Co-Buyer Signature:			



# **GPS Installation Agreement**

I agree to make myself and vehicle available for the installation of a GPS unit on the date(s) and at the assigned time(s) outlined below. I fully understand that should I miss my appointment(s) without rescheduling 24 hours prior for any reason I can be charged a \$50.00 missed appointment fee.

#### **First Preferred Time Slot**

Date:	Time:	Dealership:
Second Preferi	red Time Slot	
Date:	Time:	Dealership:
Vehicle Descri	ption	
Year:	Make:	Model:
VIN:		
Customer's Printed Name		Dealer Representative's Name
Customer's Sig	nature	
() Customer's Cor	ntact Number	



# Notice to Cosigner

You are being asked to guarantee this debt. Think carefully before you do so. If the borrower doesn't pay the debt, you will have to. Be sure you can afford to pay if you have to and that you want to accept this responsibility.

You may have to pay up to the full amount of the debt if the borrower does not pay. You may also have to pay late fees or collection costs, which increase this amount.

The creditor can collect this debt from you without first trying to collect from the borrower. The creditor can use the same collection methods against you that can be used against the borrower, such as suing you, garnishing your wages, etc... If this debt is ever in default, the fact will become part of your credit record.

This notice is not the contract that makes you liable for this debt.

Cosigner \_\_\_\_\_ Date \_\_\_\_\_



## **First Payment Letter**

Dear \_\_\_\_\_,

We would like to take this opportunity to welcome you to AllCredit Acceptance Company. It is our goal to provide you with honest and professional treatment throughout your financing experience with us. If there are any questions about your loan, feel free to contact us and we will be happy to assist you. Please continue to read this form and then sign and date below stating that you understand when and where to send your payments.

Your first payment of \$\_\_\_\_\_\_\_ is due on or before \_\_\_\_\_\_\_, 20\_\_\_\_\_. Please send your payment to: **7977 Highway 92, Woodstock, GA 30189**. Our phone numbers: Local **678-494-6010**, Toll Free **1-866-803-8128**, Fax **770-591-1102**. Our office hours are from 9:00 AM to 6:00 PM, Monday through Friday. Remember to include your full name and account number on your payment.

Congratulations on your new purchase!

Thanks again!

The AllCredit Acceptance Team

Account # \_\_\_\_\_(Last 6 digits of VIN)



# Vehicle Bookout Sheet

Customer:		Dealer:	
Year: Make:	Model:	Body Type:	
Engine: CYL: 4	5 8 12 Miles:	Trim Pkg:	
VIN Number:		·	_
Black Book Average Whole	esale \$		
Automatic		Sun or Moon Roof	
Pwr Windows		Leather	-
Pwr Locks		Anti Theft	
Pwr Seats		Running Boards	
Dual Pwr Seats		Flare Side	
2 <sup>nd</sup> Row Bucket Seats		Entertainment Pkg	
3 <sup>rd</sup> Row Seat		Towing Package	
CD Player		Other	
Alloy Wheels		Other	
Dual A/C		Mileage +/-	
Cruise		Net Black Book	
Manager's Signature:		Date:	