

|   |  |   |  |  |  |   |  |
|---|--|---|--|--|--|---|--|
| TRANSACTION TYPE  |  | PURCHASE <input type="checkbox"/> SELLER _____ DEALER/BROKER <input type="checkbox"/> |  | IF REFINANCE: CURRENT PAYMENT _____ CURRENT LOAN RATE _____                                  |  | RV USE <input type="checkbox"/> PLEASURE <input type="checkbox"/> FULL-TIMER  |  |
| YEAR  |  | MANUFACTURER MODEL  |  | LENGTH   |  | <input type="checkbox"/> MOTOR HOME <input type="checkbox"/> 5TH WHEEL <input type="checkbox"/> TRAVEL TRAILER <input type="checkbox"/> OTHER |  |
| TRADE-IN INFORMATION  |  | YEAR  |  | MANUFACTURER MODEL   |  | LENGTH  |  |
|   |  |   |  |  |  | <input type="checkbox"/> MOTOR HOME <input type="checkbox"/> 5TH WHEEL <input type="checkbox"/> TRAVEL TRAILER <input type="checkbox"/> OTHER |  |
| PREVIOUS RV'S OWNED   |  |   |  | INTENDED CLOSING DATE / /  |  | DATE OF THE MONTH PAYMENT DESIRED?  |  |
| PURCHASE PRICE  |  | SALES TAX   |  | CASH DOWN PAYMENT  |  | TRADE ALLOWANCE   |  |
| \$  |  | +   |  | -  |  | -   |  |
|   |  |   |  | + = \$   |  |   |  |
| HOW DID YOU HEAR ABOUT US:  |  |   |  | SEND THIS APPLICATION TO THE ATTENTION OF:   |  |   |  |
| <input type="checkbox"/> KOA.COM <input type="checkbox"/> KOA KOMPASS <input type="checkbox"/> KOA DIRECTORY <input type="checkbox"/> KOA VALUE KARD <input type="checkbox"/> INTERNET <input type="checkbox"/> MAILER <input type="checkbox"/> OTHER   |  |   |  |  |  |   |  |
| EACH APPLICANT MAY APPLY FOR INDIVIDUAL OR JOINT CREDIT, REGARDLESS OF MARITAL STATUS. THIS APPLICATION IS FOR: <input type="checkbox"/> INDIVIDUAL CREDIT<br><input type="checkbox"/> JOINT CREDIT WITH THE APPLICANT'S SPOUSE <input type="checkbox"/> JOINT CREDIT WITH _____ WHOSE SEPARATE CREDIT APPLICATION IS ATTACHED <input type="checkbox"/> LLC <input type="checkbox"/> TRUST <input type="checkbox"/> OTHER<br>WE INTEND TO APPLY FOR JOINT CREDIT (please initial) _____ |  |   |  |  |  |   |  |
| APPLICANT   |  |   |  | CO-APPLICANT   |  |   |  |
| FIRST NAME  |  | MIDDLE  |  | LAST   |  | DATE OF BIRTH (MM/DD/YY)  |  |
|   |  |   |  |  |  | SOCIAL SECURITY#  |  |
|   |  |   |  |  |  | U.S. CITIZEN <input type="checkbox"/> YES <input type="checkbox"/> NO   |  |
| STREET ADDRESS  |  | CITY  |  | STATE  |  | ZIP   |  |
|   |  |   |  |  |  |   |  |
| HOME PHONE  |  | OTHER: CELL, PAGER  |  | EMAIL ADDRESS  |  |   |  |
|   |  |   |  |  |  |   |  |
| DRIVER'S LICENSE #  |  | STATE OF ISSUE  |  | PREVIOUS ADDRESS (IF LESS THAN 3 YEARS AT CURRENT ADDRESS)                                   |  |   |  |
|   |  |   |  |  |  |   |  |
| EMPLOYER NAME   |  |   |  | POSITION / TITLE   |  | GROSS MONTHLY INCOME \$   |  |
| <input type="checkbox"/> ACTIVE <input type="checkbox"/> SELF EMPLOYED <input type="checkbox"/> RETIRED   |  |   |  |  |  |   |  |
| BUSINESS STREET ADDRESS   |  | CITY  |  | STATE / ZIP  |  | BUSINESS PHONE  |  |
|   |  |   |  |  |  | TYPE OF BUSINESS  |  |
|   |  |   |  |  |  | TIME THERE _____ Yr _____ Mo  |  |
| PREVIOUS EMPLOYER (IF LESS THAN 3 YEARS AT CURRENT JOB)   |  | STREET ADDRESS  |  | CITY   |  | STATE   |  |
|   |  |   |  |  |  | ZIP   |  |
|   |  |   |  |  |  | TIME THERE _____ Yr _____ Mo  |  |
| OTHER INCOME SOURCE*  |  | <input type="checkbox"/> MONTHLY <input type="checkbox"/> YEARLY                      |  | HAVE YOU EVER FILED FOR BANKRUPTCY? <input type="checkbox"/> YES <input type="checkbox"/> NO |  | IF YES, YEAR _____  |  |
| \$ _____  |  |   |  |  |  | DO YOU MAKE CHILD SUPPORT PAYMENTS: \$ _____  |  |
|   |  |   |  |  |  | ALIMONY PAYMENTS: \$ _____  |  |
|   |  |   |  |  |  | ARE THERE ANY OUTSTANDING LIENS OR JUDGMENTS AGAINST YOU? <input type="checkbox"/> YES <input type="checkbox"/> NO                            |  |
| NEAREST RELATIVE  |  | NAME  |  | STREET ADDRESS   |  | CITY  |  |
|   |  |   |  |  |  | STATE   |  |
|   |  |   |  |  |  | ZIP   |  |
|   |  |   |  |  |  | PHONE   |  |
|   |  |   |  |  |  | RELATIONSHIP  |  |
| If you reside in a community property state (AZ, CA, ID, LA, NM, NV, TX, WA, WI), please provide your spouse's name and social security number.   |  |   |  | SPOUSE'S NAME  |  | SPOUSE'S SOCIAL SECURITY#   |  |
|   |  |   |  |  |  |   |  |
| CO-APPLICANT FIRSTNAME  |  | MIDDLE  |  | LAST   |  | RELATIONSHIP TO APPLICANT   |  |
|   |  |   |  |  |  | <input type="checkbox"/> SPOUSE <input type="checkbox"/> OTHER  |  |
|   |  |   |  |  |  | DATE OF BIRTH (MM/DD/YY)  |  |
|   |  |   |  |  |  | SOCIAL SECURITY#  |  |
|   |  |   |  |  |  | U.S. CITIZEN <input type="checkbox"/> YES <input type="checkbox"/> NO   |  |
| STREET ADDRESS  |  | CITY  |  | STATE  |  | ZIP   |  |
|   |  |   |  |  |  |   |  |
| HOME PHONE  |  | OTHER: CELL, PAGER  |  | EMAIL ADDRESS  |  |   |  |
|   |  |   |  |  |  |   |  |
| DRIVER'S LICENSE #  |  | STATE OF ISSUE  |  | PREVIOUS ADDRESS (IF LESS THAN 3 YEARS AT CURRENT ADDRESS)                                   |  |   |  |
|   |  |   |  |  |  |   |  |
| EMPLOYER NAME   |  |   |  | POSITION / TITLE   |  | GROSS MONTHLY INCOME \$   |  |
| <input type="checkbox"/> ACTIVE <input type="checkbox"/> SELF EMPLOYED <input type="checkbox"/> RETIRED   |  |   |  |  |  |   |  |
| BUSINESS STREET ADDRESS   |  | CITY  |  | STATE / ZIP  |  | BUSINESS PHONE  |  |
|   |  |   |  |  |  | TYPE OF BUSINESS  |  |
|   |  |   |  |  |  | TIME THERE _____ Yr _____ Mo  |  |
| PREVIOUS EMPLOYER (IF LESS THAN 3 YEARS AT CURRENT JOB)   |  | STREET ADDRESS  |  | CITY   |  | STATE   |  |
|   |  |   |  |  |  | ZIP   |  |
|   |  |   |  |  |  | TIME THERE _____ Yr _____ Mo  |  |
| OTHER INCOME SOURCE*  |  | <input type="checkbox"/> MONTHLY <input type="checkbox"/> YEARLY                      |  | HAVE YOU EVER FILED FOR BANKRUPTCY? <input type="checkbox"/> YES <input type="checkbox"/> NO |  | IF YES, YEAR _____  |  |
| \$ _____  |  |   |  |  |  | DO YOU MAKE CHILD SUPPORT PAYMENTS: \$ _____  |  |
|   |  |   |  |  |  | ALIMONY PAYMENTS: \$ _____  |  |
|   |  |   |  |  |  | ARE THERE ANY OUTSTANDING LIENS OR JUDGMENTS AGAINST YOU? <input type="checkbox"/> YES <input type="checkbox"/> NO                            |  |

\*Alimony, child support and/or maintenance payments need not be revealed if Applicant(s) do(es) not choose to rely on such income. Rev 12/05

**Notice for New York Residents** - A consumer credit report may be requested in connection with this application or in connection with updates, renewals or extensions of any credit granted as a result of this application. If you subsequently ask for this information, you will be informed whether or not such a report was requested and, if so, the name and address of the agency that furnished the report.

**Notice for 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 administers compliance with this law.

**Notice for Married Wisconsin Residents** - Wisconsin Law provides that no agreement, unilateral statement or court decree relating to marital property shall adversely affect a creditor's interest, unless prior to the time credit is granted the creditor is furnished a copy of the agreement, statement or decree or has actual knowledge of the adverse provisions. You must indicate the name of your spouse on the credit application, and the address if different from yours.

**Notice to California and Utah Residents** - As required by law, you are hereby notified that a negative credit report reflecting on your credit record may be submitted to a credit reporting agency if you fail to fulfill the terms of your credit obligations.

**Notice for Maine Residents** - If this application is approved by the creditor, you will be required to obtain and maintain physical damage insurance on the collateral securing the debt. You have a right of free choice in the selection of the agent and insurer through or by which the insurance is placed.

**Important Information About Procedures for Opening A New Account** - Essex Credit Corporation complies with Section 326 of the USA Patriot Act. This law mandates that we verify certain information about you while processing your account application.

All of the statements made by me (us) in this application are true and correct and I (we) authorize Essex Credit Corporation to verify their accuracy and completeness in order to induce you to grant credit to me (us). I (We) have no outstanding obligations except as shown in this application and/or personal financial statement and no undisclosed lawsuits or judgments are pending or entered against me (us). I (We) authorize credit reports to be obtained by Essex Credit Corporation and/or any of its potential future assignees in connection with this application for credit. I (We) authorize you to exchange credit and other information with others in connection with this application consistent with your privacy policy. I (We) agree this application shall be and remain your property whether or not this application is approved.

Essex Credit Corporation always has special offers and news that you might enjoy. If you wish to receive any online communications in the future about Essex Credit Corporation, please check the box.



**RV LOAN CENTER**  
BY ESSEX CREDIT

Contact us at:  
401 LENNON LN.  
Suite 250  
Walnut Creek, CA 94599  
Ph: (866) 562-5648  
Fax: (877) 562-7839  
www.KOArvloans.com

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_ Signature of Co-Applicant \_\_\_\_\_ Date \_\_\_\_\_

