

**GMAC FINANCIAL SERVICES**

Your Expert in Truck Mounted  
Carpet Cleaning Equipment.  
800-594-9041



Business Type:  Corp  Part  
 LLC  Prop

APPLICANT COMPLETES THIS SECTION

LAST NAME OR BUSINESS NAME \_\_\_\_\_ DATE OF BIRTH (MMDDYY) \_\_\_\_/\_\_\_\_/\_\_\_\_

FIRST NAME \_\_\_\_\_ MI \_\_\_\_\_ SOCIAL SECURITY NUMBER or (TAX ID #) \_\_\_\_\_

PO BOX NUMBER \_\_\_\_\_ CURRENT STREET NUMBER \_\_\_\_\_ CURRENT STREET NAME (MAILING ADDRESS) \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

(AREA CODE) \_\_\_\_\_ HOME PHONE \_\_\_\_\_ - \_\_\_\_\_ MTG PAYMENT OR RENT \_\_\_\_\_ TIME AT ADDRESS \_\_\_\_\_

Own  Other  Rent  Family

EMPLOYED BY or TYPE OF BUSINESS (if business application) \_\_\_\_\_ OCCUPATION \_\_\_\_\_

**Allimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.**

(AREA CODE) \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_ - \_\_\_\_\_ GROSS ANNUAL INCOME (ALL SOURCES) \_\_\_\_\_ TIME EMPLOYED \_\_\_\_\_

CO-APPLICANT COMPLETES THIS SECTION

LAST NAME OR BUSINESS NAME \_\_\_\_\_ DATE OF BIRTH (MMDDYY) \_\_\_\_/\_\_\_\_/\_\_\_\_

FIRST NAME \_\_\_\_\_ MI \_\_\_\_\_ SOCIAL SECURITY NUMBER or (TAX ID #) \_\_\_\_\_

PO BOX NUMBER \_\_\_\_\_ CURRENT STREET NUMBER \_\_\_\_\_ CURRENT STREET NAME (MAILING ADDRESS) \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

(AREA CODE) \_\_\_\_\_ HOME PHONE \_\_\_\_\_ - \_\_\_\_\_ MTG PAYMENT OR RENT \_\_\_\_\_ TIME AT ADDRESS \_\_\_\_\_

Own  Other  Rent  Family

EMPLOYED BY or TYPE OF BUSINESS (if business application) \_\_\_\_\_ OCCUPATION \_\_\_\_\_

**Allimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.**

(AREA CODE) \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_ - \_\_\_\_\_ GROSS ANNUAL INCOME (ALL SOURCES) \_\_\_\_\_ TIME EMPLOYED \_\_\_\_\_

SIGNATURES

This application will be submitted to GMAC (GMAC North America for Ohio Dealers), GMAC Automotive Bank, and C.O.L. Trust (if this is a lease application), all at P.O. Box 5192, Southfield, MI 48086, and (if this is a purchase application) to Nuwell Credit Corp. (a GMAC affiliate) at P.O. Box 242510, Little Rock, AR 72223, so that they may decide whether or not to purchase the transaction.

**Your Opt-Out Right:** If you want GMAC's and GMAC Automotive Bank's vehicle financing operations not to share non-public personal information about you related to this application with affiliates and non-affiliated third parties, you may opt out of information sharing, that is, you may direct us not to share information (other than as permitted by law). See the GMAC Privacy Notice for more information.

To opt-out now - - Fill in this circle to opt out of information sharing related to this application with affiliates and nonaffiliated third parties (other than as permitted by law). This opt-out covers applicant and any co-applicant.

We intend to apply for joint credit. Applicant \_\_\_\_\_ Co-Applicant \_\_\_\_\_ (initials only)

See the other side for important notices. By signing below, I certify that (1) I have read and agree to the terms of this application, including terms on the other side, and (2) I have received and read the GMAC Privacy Notice.

\_\_\_\_\_ Date \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Co-Applicant's Signature \_\_\_\_\_

3071 Joint 8/2004 (Joint Express Application) Copyright 2004 General Motors Acceptance Corporation. All Rights Reserved.

Prochem Equipment Model Up fitted : \_\_\_\_\_

Prochem Equipment Cost : \_\_\_\_\_ Down Payment: \_\_\_\_\_

Your Phone Number: \_\_\_\_\_ Your E-Mail: \_\_\_\_\_

E-Mail application to: [Mark@MichiganMaintenance.Com](mailto:Mark@MichiganMaintenance.Com) , or [David@MichiganMaintenance.Com](mailto:David@MichiganMaintenance.Com)

Or, Fax to: ( 586 ) 754 - 0743

PROCHEM truck mounts professionally installed and financed with GM Vans.