



1-888-873-1607

BILLINGSFORD.COM

2133 King Ave. W.

Billings, MT 59102

406-670-4424 cell

406-652-0696 office

Return Fax: 406-652-0638

To: _____

From: Mike Weiland

Notes: _____

CUSTOMER PRIVACY NOTICE

In connection with your requested transaction, Archie Cochrane Motors, Inc., may obtain information about you as described in this notice, which we handle as stated in this notice. This does not apply to information obtained in a non-financial transaction.

1. We collect nonpublic personal information about you from the following sources:
 - ◆ Information we receive from you on applications or other forms in collection with a financial transaction;
 - ◆ Information about your transaction with us, our affiliates or others, and,
 - ◆ Information we receive from a consumer-reporting agency.
2. We may disclose all of the information we collect, as described above, while you are a consumer, customer, or former customer, to our affiliates and to non-affiliated parties.
3. We may disclose nonpublic personal information about you, while you are a consumer, customer or former customer, to the following types of third parties.
 - ◆ Financial service providers, such as banks, credit unions, financial lenders leasing companies, captive finance companies; and,
 - ◆ Non-financial companies, such as market research firms, automobile manufactures and the like, other automobile dealerships;
 - ◆ Others, such as but not limited to product or service providers, credit reporting agencies.
4. We may also disclose nonpublic personal information about you to non-affiliated third parties as permitted by law.
5. If you prefer that we not disclose nonpublic personal information about you to non-affiliated third parties, you may opt out of these disclosures; that is you may direct us not to make those disclosures (other than disclosures permitted by law). If you wish to opt out of disclosures to non-affiliated third parties, you may check the box on the **Opt Out Reply Form** below and mail it to the following address: PO Box 80605, Billings, MT. We will consider an **Opt Out** by a joint account holder as an **Opt Out** for all associated account holders.
6. We may also disclose, while you are a consumer, customer, or former customer, any information we collect about you to companies that perform marketing services or other functions on our behalf or to other financial institutions with whom we have joint marketing agreements. This disclosure is permitted by law; there is no opt out opportunity available.
7. We may disclose nonpublic personal information about you, while you are a consumer, customer, or former customer, to the following types of affiliates; leasing companies, extended warranty companies, other automobile dealerships.
8. We restrict access to nonpublic personal information about you to those employees who need to know that information to provide products or services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your nonpublic information.

Consumer Acknowledgment

I (we) acknowledge that I (we) received a copy of the above privacy and opt out notice from Archie Cochrane Motors, Inc. on the date indicated below.

Consumer's Signature

Date

Consumer's Name (Printed)

Co-Consumer's Signature

Date

Co-Consumer's Name (Printed)

CHECK ONE APPLICABLE BOX (PRIMARY APPLICANT AND JOINT APPLICANTS MUST COMPLETE SEPARATE FORMS):

Primary Applicant: **Joint Applicant:** Application is for joint credit with primary applicant or a guarantor.
 Primary applicant is relying on me for income for alimony, child support, or separate maintenance or on my income or assets as the basis for repayment of the credit requested.

If Joint Applicant, Relationship to Applicant:
 S - Married P - Parent
 O - Other

"You" as used herein, refers to the Dealer, or any other Creditor to whom this application is submitted.

Last Name _____ First Name _____ Middle Name _____ Jr. Sr.

Date of Birth _____ Soc. Sec. No. _____ Driver's License No. and State _____

Physical Address (Number, Street, Apartment) _____ City _____ State _____ Zip Code _____

Billing Address (Number, Street, Apartment, P.O. Box) _____ City _____ State _____ Zip Code _____

County _____ Phone in Applicant's Home? 1 Yes 2 No Phone Number Area Code () _____

1 Own Home Outright 3 Living with Relatives 5 Own/Buying Mobile Home Lived There _____ Yrs. _____ Mos. _____

2 Buying Home 4 Leasing/Renting

Cell Phone Number Area Code () _____ Other Phone Number Area Code () _____ Email Address - Personal _____ Email Address - Business _____

Name and Address of Landlord or Mortgage Holder _____ Phone Number of Landlord or Mortgage Holder Area Code () _____ Rent or Mtge. Pmt. \$ _____

Previous Address (Street, City, State and Zip Code) (If less than 2 years at present address) _____ Lived There _____ Yrs. _____

Level of Education (Age Under 27 Only) 1 4-Year College Grad. 2 2-Year College Grad. 3 Special Training 4 Some College High School Grad.? 5 Yes 6 No

Current Employer Name _____ Current Employer Address _____

Applicant's Occupation (If military, state rank) _____ Work Phone Number Area Code () _____ Gross Monthly Salary \$ _____ Time on Job _____ Yrs. _____ Mos. _____

*Alimony, child support or separate maintenance income need not be revealed if I do not wish to have it considered as a basis for repaying this obligation. *Source of other income _____ Other Income \$ _____

Previous Employer's Name (If less than 5 years at current employer) _____ City/State _____

Name of Bank _____ 1 Checking & Savings 3 Savings Only 2 Checking Only 4 No Account

Have I Ever Had a Car or Other Merchandise Repossessed? No Yes If Yes, When? _____ Month _____ Year _____ Have I Ever Filed Bankruptcy? No Yes If Yes, When? _____ Month _____ Year _____

Creditor's Name and City/State	Date Opened	Monthly Pmt. Amount	Unpaid Balance	Creditor's Name and City/State	Date Opened	Monthly Pmt. Amount	Unpaid Balance
(Current/Previous Cars Financed by or Leased through)				(Other Credit)			
(1)			(3)				
(2)			(4)				

Name and Address of Applicant's Nearest Relatives/Friends Not in Household (1) _____ Phone No. Area Code () _____ Relationship _____

(2) _____ Phone No. Area Code () _____ Relationship _____

(3) _____ Phone No. Area Code () _____ Relationship _____

(4) _____ Phone No. Area Code () _____ Relationship _____

For the purpose of securing credit from you, I certify that the above information is true and complete to the best of my knowledge. I further certify that I have attained the age of majority. I authorize you to check my credit and employment history and to provide and/or obtain information about credit experience with me. I agree that you, your affiliates, agents and service providers may monitor and record telephone calls regarding my account to assure the quality of your service or for other reasons. I also expressly consent and agree to you, your affiliates, agents and service providers using written, electronic or verbal means to contact me. This consent includes, but is not limited to, contact by manual calling methods, prerecorded or artificial voice messages, text messages, emails and/or automatic telephone dialing systems. I agree you, your affiliates, agents and service providers may do so using any e-mail address or any telephone number I provide, now or in the future, including a number for a cellular phone or other wireless device, regardless of whether I incur charges as a result.

I acknowledge I have read side A and side B of this form, including the state specific disclosures.

Applicant Signature: _____ Date: _____

I intend to apply for joint credit. _____ initial here

NON-APPLICANT SPOUSE INFORMATION Jr. Sr.

Married Unmarried Separated

Last Name _____ First Name _____ Middle Name _____

Mailing Address _____ City _____ State _____ Zip Code _____

MARITAL PROPERTY AGREEMENT NOTICE
 No provisions of any marital property agreement, unilateral statement under Section 766.59 Wisconsin Statutes Or Court Decree under Section 766.70 Wisconsin Statutes adversely affects the interest of Creditor unless 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 Creditor is incurred.

STATEMENT OF MARITAL PURPOSE