



**MISSOURI'S OLDEST EXCLUSIVE HARLEY-DAVIDSON DEALER.**

PLEASE NOTE: ALL INFORMATION ON THIS FORM WILL REMAIN CONFIDENTIAL AND WILL BE PROCESSED BY EAGLEMARK SAVINGS, A DIVISION OF HARLEY-DAVIDSON FINANCIAL SERVICES.

### CREDIT APPLICATION INSTRUCTIONS

1. Please leave the first section blank where indicated for dealer use only.
2. Fill out this form. If you have a compatible version of Adobe Reader, you may fill the form out on your computer, print it out and sign it or print it and fill it out by hand.
3. Bring it into Doc's Harley-Davidson, submit it to the finance department for processing and shop for the bike of your dreams while you wait.
3. Complete the form and fax it to Doc's at **314-835-9586** using this page as a cover page. You will be contacted after processing and results are obtained.

**or**

**To: Doc's Harley-Davidson - Attention: Finance**  
**FAX: 314-835-9586**

FROM: \_\_\_\_\_

PHONE: \_\_\_\_\_

What model are you interested in? \_\_\_\_\_

Do you currently own a motorcycle?  Yes  No

If so, what motorcycle do you own? \_\_\_\_\_

Are you trading this vehicle?  Yes  No

PAGES (including this page): **3** \_\_\_\_\_

**IF YOU HAVE RECEIVED THIS FAX IN ERROR, PLEASE CONTACT DOC'S FINANCE DEPARTMENT AT 314-965-0166 IMMEDIATELY. THIS INFORMATION IS PRIVILEGED AND CONFIDENTIAL.**

Fax: (800) 544-1138

Phone: (866) 499-4337

Date:

## Dealer Completes This Section

<input type="text"/> Dealership Number	<input type="text"/> Dealership Name	<input type="text"/> Salesperson	<input type="text"/> Cash Price
<input type="text"/> Make	<input type="text"/> Model	<input type="text"/> Year	<input type="text"/> F&I Add-ons
<input type="text"/> Secondary Asset (e.g., sidecar, engine, trailer)	<input type="text"/> Model	<input type="text"/> Year	<input type="text"/> Less Down Payment
			<input type="text"/> Less Net Trade-In
			<input type="text"/> Requested Amount

## IMPORTANT: APPLICANT(S) MUST READ THESE DIRECTIONS BEFORE COMPLETING THIS APPLICATION

**Notice to Applicant(s) – Print clearly. Use dark ink. Provide all information requested.** Failure to provide legible and complete information as requested in this credit application may delay review of your credit application.

- CHECK APPROPRIATE BOX**
- If you are applying for **INDIVIDUAL** credit in your own name, and you are not relying on the creditworthiness of another person as the basis for repayment of the credit requested, Complete the Applicant Information section.
  - If you are applying for **JOINT** credit with another person, Complete both Applicant Information and Joint/Cosigner Applicant Information sections.  
We intend to apply for joint credit: Applicant  Joint Applicant
  - If a **COSIGNER'S** information will be submitted to support the credit requested, Complete both Applicant Information and Joint/Cosigner Applicant Information sections.

## Applicant Information *Applicant(s) must be at least 18 years old.*

<input type="text"/> Applicant Full Name	<input type="text"/> Social Security Number (9 digits)	<input type="text"/> Date of Birth (mm/dd/yyyy)	<input type="text"/> Driver's License Number
<input type="text"/> Current Physical Address	<input type="text"/> City	<input type="text"/> State	<input type="text"/> Zip
<input type="text"/> How Long Have You Lived There	<input type="text"/> Monthly Residence Payment	<input type="text"/> Home/Cell Phone Number (w/Area Code)	<input type="text"/> E-mail Address
<input type="checkbox"/> Mailing Address (check box if same as physical address)	<input type="text"/> City	<input type="text"/> State	<input type="text"/> Zip
<b>Current Employer</b> Employment Status: <input type="checkbox"/> Employed <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired <input type="checkbox"/> Disability <input type="checkbox"/> Social Security <input type="checkbox"/> Rental <input type="checkbox"/> Court Order <input type="checkbox"/> Investment <input type="checkbox"/> Unemployed			
<input type="text"/> Employer Name	<input type="text"/> Employment City	<input type="text"/> Employment State	<input type="text"/> Business Phone Number (w/Area Code) Ext.
<input type="text"/> Years/Months There	<input type="text"/> Gross Income	<input type="text"/> Income Frequency	<input type="text"/> Other Income* Other Income Frequency

\* 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.

## Joint/Cosigner Information *Applicant(s) must be at least 18 years old.*

<input type="text"/> Joint/Cosigner Full Name	<input type="text"/> Social Security Number (9 digits)	<input type="text"/> Date of Birth (mm/dd/yyyy)	<input type="text"/> Driver's License Number
<input type="text"/> Current Physical Address	<input type="text"/> City	<input type="text"/> State	<input type="text"/> Zip
<input type="text"/> How Long Have You Lived There	<input type="text"/> Monthly Residence Payment	<input type="text"/> Home/Cell Phone Number (w/Area Code)	<input type="text"/> E-mail Address
<input type="checkbox"/> Mailing Address (check box if same as physical address)	<input type="text"/> City	<input type="text"/> State	<input type="text"/> Zip
<b>Current Employer</b> Employment Status: <input type="checkbox"/> Employed <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired <input type="checkbox"/> Disability <input type="checkbox"/> Social Security <input type="checkbox"/> Rental <input type="checkbox"/> Court Order <input type="checkbox"/> Investment <input type="checkbox"/> Unemployed			
<input type="text"/> Employer Name	<input type="text"/> Employment City	<input type="text"/> Employment State	<input type="text"/> Business Phone Number (w/Area Code) Ext.
<input type="text"/> Years/Months There	<input type="text"/> Gross Income	<input type="text"/> Income Frequency	<input type="text"/> Other Income* Other Income Frequency

\* 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.



A subsidiary of Harley-Davidson Credit Corp.

# References

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name	Phone Number (w/Area Code)	City	State
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name	Phone Number (w/Area Code)	City	State
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name	Phone Number (w/Area Code)	City	State
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name	Phone Number (w/Area Code)	City	State

## NOTICE TO APPLICANT(S)

This Credit Application–Customer Statement will be submitted to Eaglemark Savings Bank, and its successors and assigns, at P.O. Box 22048, Carson City, Nevada 89721, for consideration of whether it meets the credit requirements of 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 that 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.

**IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A CREDIT ACCOUNT WITH EAGLEMARK SAVINGS BANK** – To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.

**What this means for you:** When you open a credit account with Eaglemark Savings Bank, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

### BY SIGNING BELOW, I ACKNOWLEDGE THAT:

- I understand that by providing my wireless telephone number(s) and/or my email address(es) I consent to receiving autodialed and/or prerecorded message calls or other communications at the number(s) or address(es) that may contain my non-public personal information, from ESB, its successors and assigns; and
- I understand that any credit insurance products and GAP (where applicable) are not deposits or other obligations of, or guaranteed or insured by, Eaglemark Savings Bank (ESB) or its affiliates. I understand that these products and debt protection are not insured by the Federal Deposit Insurance Corporation (FDIC) or any other agency of the United States; and
- I understand that I am free to purchase credit insurance products and GAP (where applicable) from another source, and that ESB does not condition credit on whether these products are purchased from ESB or its affiliates, and ESB does not require me to agree not to obtain these products from another source; and
- I have read the Notice to Applicant(s) sections, and I agree to the terms and conditions set forth in this Credit Application–Customer Statement, I have received the Harley-Davidson Financial Services Privacy Notice; and
- I hereby authorize an investigation of my credit and employment history by ESB, its successors and assigns, and/or certain insurance agents or companies. I understand that my credit and employment history obtained in, and in connection with, this Credit Application–Customer Statement will be used in determining my eligibility for credit approval by ESB, and its successors and assigns. If approved, ESB, and its successors and assigns, may obtain credit information about me 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; and
  - I would like a call back to obtain a customized Harley-Davidson Insurance quote. I understand I am under no obligation to purchase insurance from this agency and/or carrier; and
- I hereby certify that the information I have provided in this Credit Application–Customer Statement is complete and accurate to the best of my knowledge.

**X**

Primary Applicant Signature

Date

**X**

Joint/Cosigner Applicant Signature

Date



## FACTS

## WHAT DOES HARLEY-DAVIDSON FINANCIAL SERVICES, INC. DO WITH YOUR PERSONAL INFORMATION?

<b>Why?</b>	Financial companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.
<b>What?</b>	The types of personal information we collect and share depend on the product or service you have with us. This information can include: <ul style="list-style-type: none"> <li>• Social Security number           <b>and</b> income</li> <li>• Account balances                   <b>and</b> payment history</li> <li>• Credit history                         <b>and</b> credit scores</li> </ul>
<b>How?</b>	All financial companies need to share customers' personal information to run their everyday business. In the section below, we list the reason financial companies can share their customers' personal information; the reasons Harley-Davidson Financial Services, Inc. ("HDFS") chooses to share; and whether you can limit this sharing.

Reasons we can share your personal information	Does HDFS share?	Can you limit this sharing?
<b>For our everyday business purposes –</b> Such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus	Yes	No
<b>For our marketing purposes –</b> To offer our products and services to you	Yes	No
<b>For joint marketing with other financial companies</b>	Yes	No
<b>For our affiliates' everyday business purposes –</b> Information about your transactions and experiences	Yes	No
<b>For our affiliates' everyday business purposes –</b> Information about your creditworthiness	Yes	Yes
<b>For our affiliates to market to you</b>	Yes	Yes
<b>For nonaffiliates to market to you</b>	No	We don't share

<b>To limit our sharing</b>	<ul style="list-style-type: none"> <li>• Call HDFS Customer Service at (888) 691-4337</li> <li>• If you have a Customer Self-Serve account for your loan, visit us online at <a href="http://www.myhdfs.com">www.myhdfs.com</a></li> <li>• Mail the Opt-Out Form to: Harley-Davidson Financial Services (Opt-Out), Attn: Privacy Officer, P.O. Box 21489, Carson City, NV 89721-1489</li> </ul> <p><b>Please note:</b> If you are a new customer, we can begin sharing your information 45 days from the date we provide this notice. When you are <i>no longer</i> our customer, we continue to share your information as described in this notice. However, you can contact us at any time to limit our sharing.</p>
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<b>Questions?</b>	Call HDFS Customer Service at (888) 691-4337
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<b>Who we are</b>	
<b>Who is providing this Notice?</b>	Harley-Davidson Financial Services, Inc. includes: <ul style="list-style-type: none"> <li>• Eaglemark Savings Bank</li> <li>• Harley-Davidson Credit Corp.</li> <li>• Harley-Davidson Insurance Services</li> </ul>

<b>What we do</b>	
<b>How does Harley-Davidson Financial Services, Inc. protect my personal information?</b>	To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings.
<b>How does Harley-Davidson Financial Services, Inc. collect my personal information?</b>	<p>We collect your personal information, for example, when you</p> <ul style="list-style-type: none"> <li>• Apply for a loan <b>or</b> give us your income information</li> <li>• Apply for insurance <b>or</b> provide employment information</li> <li>• Show your government-issued ID <b>or</b> pay your bills</li> </ul> <p>We also collect your personal information from others, such as credit bureaus, affiliates, or other companies.</p>
<b>Why can't I limit all sharing?</b>	<p>Federal law gives you the right to limit only</p> <ul style="list-style-type: none"> <li>• sharing for affiliates' everyday business purposes – information about your creditworthiness</li> <li>• affiliates from using your information to market to you</li> <li>• sharing for nonaffiliates to market to you</li> </ul> <p>State laws and individual companies may give you additional rights to limit sharing. See below for more on your rights under state laws.</p>
<b>What happens when I limit sharing for an account I hold jointly with someone else?</b>	Your choices will apply to everyone on your account and / or policy.

<b>Definitions</b>	
<b>Affiliates</b>	Companies related by common ownership or control. They can be financial and nonfinancial companies. Our affiliates include companies such as: <ul style="list-style-type: none"> <li>• Harley-Davidson Motor Company</li> <li>• Harley-Davidson Inc.</li> </ul>
<b>Nonaffiliates</b>	Companies not related by common ownership or control. They can be financial and nonfinancial companies. <ul style="list-style-type: none"> <li>• Harley-Davidson Financial Services, Inc. does not share with nonaffiliates so they can market to you, except as permitted by law.</li> </ul>
<b>Joint marketing</b>	A formal agreement between nonaffiliated financial companies that together market financial products or services to you. Our joint marketing partners include, but are not limited to: <ul style="list-style-type: none"> <li>• Credit card companies</li> <li>• Insurance companies</li> </ul>

<b>Other important information</b>	
<p><b>For Vermont Residents:</b> <i>Your state laws require financial institutions to obtain your consent prior to sharing information about you with others. You are automatically opted out of information sharing as if you had checked both boxes on the Mail-In Opt-Out Form. If you want to opt in, please send a written request to the HDFFS Privacy Officer at the address noted on the Mail-In Opt-Out Form.</i></p> <p><b>For California Residents:</b> <i>In accordance with California law, we will not share information we collect about you with companies outside of our corporate family, except as permitted by law, including, for example, with your consent or to service your account. We will limit sharing among our companies to the extent required by California law.</i></p>	

## Mail-in Opt Out Form

**Mark any/all you want to limit:**

- Do not share information about my creditworthiness with your affiliates for their everyday business purposes.
- Do not allow your affiliates to use my personal information to market to me.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Account # or Policy #: \_\_\_\_\_

Mail To: Harley-Davidson Financial Services, Inc.  
Attn: Privacy Officer  
P.O. Box 21489  
Carson City, NV 89721-1489