

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"/> Applicant Source (e.g., Pre-Qualified, Rider-to-Rider)	<input type="text"/> Additional Source Data (e.g. Pre-Qualified ID#, Seller's Name)		<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 Applicant Information sections. We intend to apply for joint credit:
- Applicant  Joint Applicant

## 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 Phone Number (w/Area Code)	<input type="text"/> Cell Phone Number (w/Area Code)
<input type="text"/> E-mail Address	<input type="text"/> City	<input type="text"/> State	<input type="text"/> Zip
<input type="checkbox"/> Mailing Address (check box if same as physical address)			
Employment Status: <input type="checkbox"/> Employed <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed <input type="checkbox"/> Dealer Employee <input type="checkbox"/> Dealer Principal			
<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"/> Job Title	<input type="text"/> Years/Months There	<input type="text"/> Gross Income	<input type="text"/> Income Frequency
		<input type="text"/> Other Income*	<input type="text"/> 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. Include all readily accessible income earned by you: salary and hourly wages, overtime, bonuses, commissions, self-employment, social security, retirement pay, public assistance, disability, pension, interest, dividends, or rental income.

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

<input type="text"/> Joint 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 Phone Number (w/Area Code)	<input type="text"/> Cell Phone Number (w/Area Code)
<input type="text"/> E-mail Address	<input type="text"/> City	<input type="text"/> State	<input type="text"/> Zip
<input type="checkbox"/> Mailing Address (check box if same as physical address)			
Employment Status: <input type="checkbox"/> Employed <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed <input type="checkbox"/> Dealer Employee <input type="checkbox"/> Dealer Principal			
<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"/> Job Title	<input type="text"/> Years/Months There	<input type="text"/> Gross Income	<input type="text"/> Income Frequency
		<input type="text"/> Other Income*	<input type="text"/> 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. Include all readily accessible income earned by you: salary and hourly wages, overtime, bonuses, commissions, self-employment, social security, retirement pay, public assistance, disability, pension, interest, dividends, or rental income.



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 may obtain the required insurance in connection with the extension of credit from any reasonably acceptable insurance producer or insurer that sells such insurance. Applicant's choice of insurance provider will not affect our credit decision or applicant's credit terms.

**NOTICE TO APPLICANT:** A consumer report may be ordered on you in connection with your application for credit. If you ask, we will tell you whether or not one was ordered, and if one was, the name, telephone number, and address of the consumer reporting agency that provided it. You are entitled under federal law to a free copy annually of your consumer report by calling (877) 322-8228 or visiting [annualcreditreport.com](http://annualcreditreport.com). Consumer reports are important because they are used in determining whether to extend credit and may be used to determine the annual percentage rate you may be offered. The creditor may obtain credit reports about you on an ongoing basis in connection with the extension of credit transaction for any one or more of the following reason: (1) review the account; (2) taking collection action on the account; or (3) any other legitimate purposes associated with the account. Subsequent consumer reports may be requested or used in connection with an update, renewal or extension of the credit applied for without further notice to you.

**NOTICE TO CALIFORNIA RESIDENTS:** Regardless of your marital status, you may apply for credit in your name alone.

**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 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 email address(es) now or in the future, I consent to the use of recorded/artificial voice messages and/or automatic telephone dial devices that may contain my non-public information. My consent covers the use of these contact methods to call or send text to the wireless telephone number(s) and to send text or email messages to the email address(es) I provide to you, for which I may incur a charge; 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
- To facilitate this loan application, I authorize Eaglemark Savings Bank to obtain and share with the dealer any information about any current or prior accounts with Harley-Davidson Financial Services, Inc., and its subsidiaries, and any other creditor that has financed a trade-in vehicle; and
- I hereby authorize an investigation of my credit and employment history, including verification with my employer or a third party, by ESB, its successors and assigns, and/or certain insurance agents or companies, of my income and any details relevant to my application for credit. 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 have requested a Harley-Davidson Insurance estimate and understand more information may be needed to obtain a quote. I authorize ESB to share my information for these purposes. I understand I am under no obligation to purchase insurance from this agency and/or carrier; and
- I CONSENT TO THE USE OF MY CREDIT REPORT INFORMATION FOR MARKETING PURPOSES TO OFFER ME OTHER PRODUCTS AND SERVICES INCLUDING H-D™ VISA®; AND
- I AUTHORIZE EAGLEMARK SAVINGS BANK TO SHARE MY PERSONAL INFORMATION CONTAINED IN THIS APPLICATION WITH THE DEALER FOR USE BY THE DEALER; 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 Applicant Signature

Date

**FACTS****WHAT DOES HARLEY-DAVIDSON FINANCIAL SERVICES 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 ("HDFS") chooses to share; and whether you can limit this sharing.	
<b>Reasons we can share your personal information</b>	<b>Does HDFS share?</b>	<b>Can you limit this sharing?</b>
<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>	Yes	Yes
<b>To limit our sharing</b>	<ul style="list-style-type: none"> <li>• Call HDFS Rider Services at (888) 691- 4337</li> <li>• Email the opt-out form to: <a href="mailto:PrivacyOfficer@HDFS.com">PrivacyOfficer@HDFS.com</a></li> <li>• Mail the attached 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>	
<b>Questions?</b>	Call HDFS Rider Services at (888) 691-4337.	

<b>Who we are</b>	
<b>Who is providing this Notice?</b>	Entities in the Harley-Davidson Financial Services family of companies, including Harley-Davidson Financial Services, Inc., Eaglemark Savings Bank, Harley-Davidson Credit Corp., and Harley-Davidson Insurance Services, Inc.
<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>	<p>Companies related by common ownership or control. They can be financial and nonfinancial companies. Our affiliates include Eaglemark Savings Bank and companies that operate using the "Harley-Davidson" name such as:</p> <ul style="list-style-type: none"> <li>• Harley-Davidson Financial Services, Inc.</li> <li>• Harley-Davidson Insurance Services, Inc.</li> <li>• Harley-Davidson Credit Corp.</li> <li>• Harley-Davidson Motor Company</li> <li>• Harley-Davidson Inc.</li> </ul>
<b>Nonaffiliates</b>	<p>Companies not related by common ownership or control. They can be financial and nonfinancial companies.</p> <p>Nonaffiliates we share with can include independent Harley-Davidson dealerships, ancillary product providers, financial service providers, insurance companies, marketers, and retailers.</p>
<b>Joint marketing</b>	<p>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:</p> <ul style="list-style-type: none"> <li>• credit card companies</li> <li>• insurance companies</li> <li>• independent Harley-Davidson dealerships</li> </ul>
<b>Other important information:</b>	
<p><b>For California Residents:</b> <i>California residents have additional rights to limit sharing. Please see the enclosed "Important Privacy Choices for Consumers" notice provided to you describing your right to control sharing. Also, we will not disclose your personal information to nonaffiliated third parties unless you authorize us to make those disclosures. Please see the separately available "Consent Acknowledgement" to provide such authorization.</i></p> <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. In addition, your state laws require your consent before someone can obtain your credit report. You are automatically opted out of such information sharing as if you had checked the "Do Not Share information about my creditworthiness with your affiliates for their everyday business purposes" and the "Do not share my personal information with nonaffiliates to market their product and services to me" boxes on the Mail-In Opt-Out form. Please see the separately available "Consent Acknowledgement" to provide such authorization.</i></p>	

**OPT OUT FORM:**

**Mark any/all you want to limit** [note: *If you have previously submitted an Opt-Out form to HDFS, you do not have to re-submit this Opt-Out form again, unless you wish to change your existing opt-out preferences*]:

- 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.
- Do not share my personal information with nonaffiliates to market their products and services to me.

Name \_\_\_\_\_

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

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

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

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

## FOR CALIFORNIA CONSUMERS ONLY

### Important Privacy Choices for Consumers

**You have the right to control whether we share some of your personal information. Please read the following information carefully before you make your choices below.**

#### **Your Rights**

You have the following rights to restrict the sharing of personal and financial information with our affiliates (companies we own or control) and outside companies that we do business with. Nothing in this form prohibits the sharing of information necessary for us to follow the law, as permitted by law, or to give you the best service on your accounts with us. This includes sending you information about some other products or services.

#### **Your Choices**

##### **Restrict Information Sharing With Companies We Own or Control (Affiliates):**

Unless you say “No,” we may share non-consumer report personal and financial information about you with our affiliated companies.

( ) NO, please do not share personal and financial information with your affiliated companies.

##### **Restrict Information Sharing With Other Companies We Do Business With To Provide Financial Products And Services:**

Unless you say “No,” we may share personal and financial information about you with outside companies we contract with to provide financial products and services to you.

( ) NO, please do not share personal and financial information with outside companies you contract with to provide financial products and services.

#### **Time Sensitive Reply**

You may make your privacy choice(s) at any time. Your choice(s) will remain unless you state otherwise. However, if we do not hear from you, we may share some of your information with affiliated companies and other companies with whom we have contracts to provide products and services.

Name: \_\_\_\_\_  
Account(s) or Policy Number(s): \_\_\_\_\_ [to be filled in by consumer]  
Signature: \_\_\_\_\_

#### **To exercise your choices, do one of the following:**

Call this toll-free number (888) 691-4337 OR

Email this form to: [PrivacyOfficer@hdfsi.com](mailto:PrivacyOfficer@hdfsi.com)

**FOR CALIFORNIA AND VERMONT RESIDENTS ONLY  
CONSENT ACKNOWLEDGMENT**

HDFS will not, except as discussed below, disclose nonpublic personal information about you to nonaffiliated third parties unless you authorize us to make that disclosure. This Consent Acknowledgment applies only to individuals who have accounts with HDFS for personal, family, or household purposes. Nothing in this form prohibits the sharing of information necessary for us to follow the law, as otherwise permitted by law, as otherwise provided for in the enclosed forms entitled "WHAT DOES HARLEY-DAVIDSON FINANCIAL SERVICES DO WITH YOUR PERSONAL INFORMATION?" and "Important Privacy Choices for Consumers", or to give you the best service on your accounts with us. This includes sending you information about other products or services.

By completing this Consent Acknowledgment and returning it to HDFS, you are consenting to HDFS's disclosure of your nonpublic personal information to nonaffiliated third parties. You may tear off, complete and sign the attached form and return to the following address:

**Harley-Davidson Financial Services  
Attn: Privacy Officer (Opt-In VT CA)  
PO Box 21489  
Carson City NV 89721-1489**

HDFS will retain a true and correct copy of this consent. You are entitled to a copy of the returned document upon your request. You may wish to make a copy for your records.

If you have a **joint account** with one or more additional persons, a decision to consent to sharing **must be signed by all account holders**.

If you have **multiple accounts** with us, **you must designate which accounts**, if any, to which your consent will apply. You have a separate right to consent to our sharing with respect to each of your accounts. Your consent made with respect to one of your accounts will not be treated as consent with respect to all of your accounts.



**[Vermont Residents Only]:**

**Yes, I wish to exercise my right to authorize HDFS to obtain my credit report.**

**[Vermont and California Residents):**

**Yes. I wish to exercise my right to "opt-in" and authorize HDFS to disclose my nonpublic personal information to nonaffiliated third parties. I understand that unless I sign below and send in my authorization, HDFS may not disclose my nonpublic personal information to nonaffiliated third parties and except as otherwise permitted by law or as provided for in the enclosed forms entitled "WHAT DOES HARLEY-DAVIDSON FINANCIAL SERVICES DO WITH YOUR PERSONAL INFORMATION?" and "Important Privacy Choices for Consumers."**

**I understand that my consent will remain in effect until revoked or modified by me. I may revoke my consent at any time by writing HDFS at the address above. My written revocation will include my name, contact information, account number(s) and will state that I wish to revoke my consent acknowledgment. If I have a joint account with one or more persons, a decision to revoke our prior consent by one of us will be treated as a revocation for all of us with respect to that account.**

**Account Number(s):** \_\_\_\_\_

**Account Holder's Signature:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Date Signed:** \_\_\_\_\_