DEARBORN TOTAL AUTOMOTIVE – GRAND RIVER, INC.

24841 GRAND RIVER AVE. DETROIT, MI 48219

PHONE 313-362-1000 FAX 313.362-2000

CUSTOMER APPLICATION:

NAME _____

ADDRESS _____

CELL PHONE _____WORK PHONE _____

EMAIL ADDRESS _____

SOCIAL SECURITY NO. _____

DATE OF BIRTH _____

DRIVER LICENSE NO. _____

EMPLOYER _____HOW LONG THERE_____

EMPLOYER'S ADDRESS _____

DAY OF THE WEEK YOU GET PAID _____ NEXT PAY DATE _____

WEEKLY OR BI-WEEKLY PAY? _____

NAME OF BANK _____

ACCOUNT NUMBER _____

REF. 1 NAME_____ PHONE _____ RELATION _____

REF. 2 NAME _____PHONE _____RELATION_____

REF. 3 NAME _____PHONE_____RELATION_____

DESCRIBE GOODS OR SERVICES PROVIDED_____LEASE – NO INTEREST (LEASE CHARGE)

RELEASE OF ADDRESS (LOCATION) INFORMATION TO DEALER:

The undersigned below hereby consents to the release of information concerning my address or location to the dealer. This release shall permit the disclosure to dealer of such information regarding the undersigned in the possession of any agency or department of any state government or the United States of America or of any other person or agency or my current or past employer. This release shall be effective for 48 months from the date below. I understand that certain state and federal laws exist which protect my right to privacy by restricting access to state and federal agency files or files held by third parties. My signature below indicates that I have knowingly and voluntarily waived the protection of state, federal and common law right to privacy laws for the limited purpose of providing address and employment information to dealer. I certify that the information supplied by me on this form is true and correct. I authorize verification of the truthfulness of all information contained herein, including contact with any person or firm listed above, and fully release all parties from all liability for any damage that may result. Any false statement made above shall be sufficient basis for the rejection of this order.

I have read and understand the statement

DATE:_____ SIGNATURE:_____