

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 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 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
- 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 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?

Why?	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.
What?	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"> • Social Security number and income • Account balances and payment history • Credit history and credit scores
How?	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.

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

To limit our sharing	<ul style="list-style-type: none"> • Call HDFS Rider Services at (888) 691- 4337 • If you have a Rider Self-Serve account for your loan, visit us online at www.myhdfs.com • Mail the Opt-Out Form to: Harley-Davidson Financial Services (Opt-Out), Attn: Privacy Officer, P.O. Box 21489, Carson City, NV 89721-1489 <p>Please note: 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>
-----------------------------	--

Questions?	Call HDFS Rider Services at (888) 691- 4337
-------------------	---

Who we are	
Who is providing this Notice?	Harley-Davidson Financial Services, Inc., Eaglemark Savings Bank, Harley-Davidson Credit Corp., and Harley-Davidson Insurance Services, Inc.
What we do	
How does Harley-Davidson Financial Services, Inc. protect my personal information?	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.
How does Harley-Davidson Financial Services, Inc. collect my personal information?	<p>We collect your personal information, for example, when you</p> <ul style="list-style-type: none"> • Apply for a loan or give us your income information • Apply for insurance or provide employment information • Show your government-issued ID or pay your bills <p>We also collect your personal information from others, such as credit bureaus, affiliates, or other companies.</p>
Why can't I limit all sharing?	<p>Federal law gives you the right to limit only</p> <ul style="list-style-type: none"> • sharing for affiliates' everyday business purposes – information about your creditworthiness • affiliates from using your information to market to you • sharing for nonaffiliates to market to you <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>
What happens when I limit sharing for an account I hold jointly with someone else?	Your choices will apply to everyone on your account and / or policy.
Definitions	
Affiliates	<p>Companies related by common ownership or control. They can be financial and nonfinancial companies. Our affiliates include companies such as:</p> <ul style="list-style-type: none"> • Harley-Davidson Financial Services, Inc. • Eaglemark Savings Bank • Harley-Davidson Credit Corp. • Harley-Davidson Insurance Services, Inc. • Harley-Davidson Motor Company • Harley-Davidson Inc.
Nonaffiliates	<p>Companies not related by common ownership or control. They can be financial and nonfinancial companies.</p> <ul style="list-style-type: none"> • Harley-Davidson Financial Services does not share with nonaffiliates so they can market to you, except as permitted by law.
Joint marketing	<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"> • Credit card companies • Insurance companies • Independent Harley-Davidson dealerships
Other important information	
<p>For Vermont Residents <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 HDFPS Privacy Officer at the address noted on the Mail-In Opt-Out Form.</i></p> <p>For California Residents: <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 [note: If you have previously submitted an Opt-Out coupon to HDFS, you do not have to re-submit this Opt-Out coupon again, unless you wish to change your existing opt-out preferences.]:

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

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