

**APPLICANT/JOINT APPLICANT : Please read and sign below.**

Seller will submit your application to American General Financial Services, Inc. (AGFS), P.O. Box 59, Evansville, IN 47701, or its affiliate, which may buy your Retail Installment Sales Contract. If this application is not approved by American General Financial Services, Inc. (AGFS), you authorize AGFS and/or the merchant to furnish all of your application information to other possible financing sources, including affiliates of AGFS, for credit programs other sources may offer and you authorize such other sources to make inquiries about you they consider necessary or desirable (including obtaining your consumer report from consumer reporting agencies) in evaluating you for credit. You understand that the terms and conditions of credit extended by another lender may differ from the terms and conditions of the credit for which you originally applied. You are not obligated to accept an offer from our affiliate or any other creditor.

AGFS may share with its affiliates any information regarding you or your application, acceptance, or credit experience with AGFS. However, you may request that this information not be shared with affiliates by notifying AGFS by mail or phone at the location shown above or by initialing this box:   
Please DO NOT share information about me with your affiliates.

AGFS may investigate your creditworthiness (including obtaining credit reports and verifying employment information). AGFS may request a consumer report from consumer reporting agencies in considering your credit application. AGFS may use any credit report obtained in connection with this application for future credit offers.

**FROM TIME TO TIME, AGFS WILL NOTIFY YOU WHEN ADDITIONAL FINANCIAL SERVICES ARE AVAILABLE, BY TELEPHONE AND/OR MAIL, AND THAT SUCH SERVICES MAY INCLUDE NEGOTIABLE CHECKS WHICH YOU MAY ENDORSE TO OBTAIN A LOAN, OR DESTROY IF YOU DO NOT WISH TO ACCEPT THE LOAN OFFER. IF YOU DO NOT WISH TO RECEIVE THESE SOLICITATIONS, PLEASE STRIKE AND INITIAL THIS PARAGRAPH.**

**NEW YORK, OHIO, AND WISCONSIN RESIDENTS: SEE REVERSE SIDE FOR IMPORTANT INFORMATION.**

Applicant's Signature _____		Date _____		Co-Applicant's Signature _____		Date _____	
Seller's Name _____				Seller's Merchandise _____			

Drivers License #

Agent

19444



**MERCHANT USE ONLY**

069-00116A Retail and Home Solicitation Application (REV. 11-07)