

BMW Financial Services

Cover Page

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From James Mazzeo
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Date April 16, 2013
Pages 3 (including cover page)
Subject Credit Application

Thank you for contacting BMW Financial Services to apply for credit. Enclosed is a copy of our consumer credit application. If you are applying for individual credit, please complete all of section B, sign, and date the form. If you are applying for joint credit, please complete all of section B, section C, and both applicants must sign and date the form.

Company
BMW Financial
Services NA, LLC

BMW Group Company

Mailing Address

PO Box 3608
Dublin OH 43016-0306

Office Address

5550 Britton Parkway
Hilliard OH 43026-7456

Telephone

1-800-578-5000

Fax

1-800-820-4269

Internet

bmwusa.com

You can return the application to BMW Financial Services by fax to 1-800-820-4269 or email to financialcustomercare@bmwusa.com. Once the completed application has been received, it will be processed within 48 business hours.

We are committed to providing you with the highest level of service. If you have any questions, please contact a Customer Advocate at 1-800-578-5000. Our representatives are available for your convenience Monday through Friday, 9:00 a.m. to 9:00 p.m. ET.

This message is intended only for use of the individual or entity to which it is addressed and may contain information that is privileged, confidential and exempt from disclosure under applicable law. If the reader of this message is not the intended recipient, or the employee or agent responsible for delivering this message to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone and return the original message to us at 5550 Britton Parkway, Hilliard, Ohio 43026 via the US postal service.
Thank you.

BMW Financial Services Consumer Credit Application



A. FINANCE AND VEHICLE INFORMATION

Type of Contract <input type="checkbox"/> Lease <input type="checkbox"/> Pre-Pay Lease <input type="checkbox"/> Select <input type="checkbox"/> Retail <input type="checkbox"/> OwnersChoice	Center Number	Center Name	Phone	Contact	
CONTRACT FINANCE INFORMATION	MSRP \$	Selling Price \$	Cash Down \$	Net Trade In \$	
	Other Charges \$	Amount Financed \$	Term \$	Monthly Payment \$	
VEHICLE INFORMATION	Year	<input type="checkbox"/> New <input type="checkbox"/> Used <input type="checkbox"/> Demo	Make	Model	Mileage
TRADE IN INFORMATION	Year	Make	Model	Mileage	

B. PRIMARY PERSONAL INFORMATION

PERSONAL INFO	Social Security Number	Last Name	First Name	Middle Initial	Jr/Sr.	
	Date of Birth	Home Phone	E-Mail			
	Present Address	City	State	Zip	County	How Long? Yrs. Mos.
	Previous Address	City	State	Zip	County	How Long? Yrs. Mos.
	Nearest Relative Not Living With You - Last Name		First Name		Home Phone	
EMPLOYMENT	Address		City	State		
	Employer Name	Employer Phone	Years of Service Yrs. Mos.	Occupation		
	Business Address	City	State	Zip	Gross Annual \$	
	Previous Employer	Employer Phone	Years of Service Yrs. Mos.	Occupation		
	Other Annual Income \$	Source of Annual Income <small>(Allimony, child support or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying the obligation)</small>			Self Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
ED	Education Background (Highest Level) <input type="checkbox"/> High School <input type="checkbox"/> 2 Yr. College <input type="checkbox"/> 4 Yr. College <input type="checkbox"/> Graduate School					
FINANCE	Residence <input type="checkbox"/> Mortgage <input type="checkbox"/> With Relatives <input type="checkbox"/> Renting <input type="checkbox"/> Own Free & Clear		Monthly Payment \$	Personal Finance <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
	Have You Ever Obtained Credit Under a Different Name? <input type="checkbox"/> No <input type="checkbox"/> Yes (List Names)			Have You Ever Filed Bankruptcy? <input type="checkbox"/> No <input type="checkbox"/> Yes (Date / /)		

C. CO-APPLICANT PERSONAL INFORMATION

PERSONAL INFO	Social Security Number	Last Name	First Name	Middle Initial	Jr/Sr.	
	Date of Birth	Home Phone	E-Mail			
	Present Address	City	State	Zip	County	How Long? Yrs. Mos.
	Previous Address	City	State	Zip	County	How Long? Yrs. Mos.
	Nearest Relative Not Living With You - Last Name		First Name		Home Phone	
EMPLOYMENT	Address		City	State		
	Employer Name	Employer Phone	Years of Service Yrs. Mos.	Occupation		
	Business Address	City	State	Zip	Gross Annual \$	
	Other Annual Income \$	Source of Annual Income <small>(Allimony, child support or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying the obligation)</small>			Self Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	ED	Education Background (Highest Level) <input type="checkbox"/> High School <input type="checkbox"/> 2 Yr. College <input type="checkbox"/> 4 Yr. College <input type="checkbox"/> Graduate School				
FINANCE	Residence <input type="checkbox"/> Mortgage <input type="checkbox"/> With Relatives <input type="checkbox"/> Renting <input type="checkbox"/> Own Free & Clear		Monthly Payment \$	Personal Finance <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
	Have You Ever Obtained Credit Under a Different Name? <input type="checkbox"/> No <input type="checkbox"/> Yes (List Names)			Have You Ever Filed Bankruptcy? <input type="checkbox"/> No <input type="checkbox"/> Yes (Date / /)		

D. COMMENTS

Yes <input type="checkbox"/> No <input type="checkbox"/> Previous BMW Financial Services Customer Yes <input type="checkbox"/> No <input type="checkbox"/> Waive Security Deposit per Program (include acct. # or VIN in comments) Yes <input type="checkbox"/> No <input type="checkbox"/> Waive Security Deposit with Rate Adder Yes <input type="checkbox"/> No <input type="checkbox"/> Certified Pre-Owned Yes <input type="checkbox"/> No <input type="checkbox"/> Foreign National (Fax Foreign National Checklist) Yes <input type="checkbox"/> No <input type="checkbox"/> College Grad Program	Additional Comments: _____ _____ _____
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Center Name	Applicant's Name
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SPECIAL NOTICES:

CALIFORNIA RESIDENTS: A married applicant may apply for an individual account.

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.

NEW YORK RESIDENTS: Upon your request, you will be informed whether or not a consumer report was requested, and if so, the name and address of the agency that furnished such report.

MARRIED WISCONSIN RESIDENTS: Wisconsin law provides that no provision of any marital property agreement, or unilateral statement or court order applying to marital property will adversely affect a creditor's interests unless, prior to the time that the credit is granted, the creditor is furnished with a copy of the agreement, statement or decree, or has actual knowledge of the adverse provision.

If you are making this application individually, and not jointly with your spouse, please be sure that the full name and current address of your spouse is properly disclosed in Section B on the front cover of this application.

MASSACHUSETTS RESIDENTS: Massachusetts law prohibits discrimination on the basis of marital status or sexual orientation.

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. When you open an account, 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.

LIST ALL OPERATORS IN ORDER OF MOST FREQUENT USE:	% of Vehicle Use	Birth Dates			Operator's License Number	State	Years Licensed
		Mo.	Day	Yr.			

The information in this application is true and correct to the best of my knowledge. I authorize BMW Financial Services ("you"), a group that includes BMW Financial Services NA, LLC, BMW Bank of North America, and Financial Services Vehicle Trust, to request information from me and to make whatever inquiries you consider necessary and appropriate (including requesting a consumer report from consumer reporting agencies) in considering granting me credit and for the purpose of any updates, renewals, extensions of credit, reviewing or collecting my account, offering me other products and services or for any other lawful purpose. You will rely on this information in deciding whether to grant the credit requested. My application will be considered by the appropriate creditor in the BMW Financial Services group depending on the type of credit I request. If I change the type of credit that I am requesting, I hereby request that a second creditor in your group offering the requested type of credit consider my application; and I consent to both creditors reviewing my credit report. I understand that various communications from the creditor to me may be conducted under your group name of BMW Financial Services. I understand that you will retain this application whether or not credit is approved. I understand you use automatic telephone dialing systems, prerecorded/artificial voice messages and text messages to communicate with your customers. I expressly consent to receive autodialed calls, prerecorded/artificial voice messages, and text messages from you or third parties that work for you, using any telephone number I have provided to you, including any number provided on this application, even if that number is for a wireless telephone and/or using that number results in charges to me.

NOTICE TO APPLICANT(S): BY SIGNING BELOW, APPLICANT(S) AUTHORIZE SUBMISSION OF THIS CONSUMER CREDIT APPLICATION TO BMW FINANCIAL SERVICES, 5550 BRITTON PARKWAY, HILLIARD, OH 43026-7456.

Applicant Signature _____ Date _____

Co-Applicant Signature _____ Date _____