

I INTEND TO APPLY FOR JOINT CREDIT (ini	ials)
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JOINT APPLICATION WITH

TYPE OF ACCOUNT REQUESTED: INSTALLMENT LOAN (Complete Sections 1 and 3)

SHEFFIELD CARD (Complete Sections 1, 2 and 3)

DATE	SALES PERSON		DEALER NAME		TELEPHONE NUMBER
PROMOTION	APPROVAL #	REQU	IESTED AMOUNT	# PAYMENTS	FAX NUMBER

## **APPLICANT INFORMATION**

SECTION 1 PLEASE PRINT CLEARLY

FIRST NAME	LAST NAME			M	IDDLE	J	R/SR
PRESENT STREET ADDRESS (NOT P.O. BOX)		APT. #	YEARS	CITY		STATE	ZIP CODE
HOME TELEPHONE CEL	L PHONE		SOCIAL SECURITY	#	BIRTH DATE		
MAILING ADDRESS IF DIFERENT FROM ABOVE		APT. #	CITY		STATE	ZIP CODE	-
EMPLOYMENT INFORMATION • SELF EMPLOYM	ENT						
CURRENT EMPLOYER (IF SELF EMPLOYED, BUS	SINESS NAME)				BUSINESS TELEPHONE NU	JMBER	
EMPLOYER ADDRESS					HOW LONG? YRS MOS.	GROSS MON	THLY INCOME
CITY	STATE ZIP COE		UIRED.				
NAME OF NEAREST RELATIVE NOT LIVING WITH	I YOU 				TELEPHONE NUMBER		
BANK INFORMATION							DUNT OPENED
							_
MANUFACTURER/MAKE:	1	MODEL:		VIV	N/SERIAL#:	PRICE:	_
2 3 ACCESSORIES AND OTHER CHARGES/FEES (LIST)						\$\$	_
A ACCESSORIES AND OTHER CHARGES/FEES (LIST) A ACCESSORIES AND OTHER CHARGES/FEES (LIST) NOTICE TO DEALER: THIS INFORMATION WILL BE USED TO PRE CONTRACT. INCORRECT INFORMATION W					DTAL (UNES 1-3)		-
"If equipment being traded-in is financed through Sheffield,	call us for pay-off and instructions.				SS TRADE IN*		_
IMPORTANT INFORMATION ABOUT A verify, and record information that identi	CCOUNT OPENING	G PROCED	<i>URES:</i> Federal la pen an account p	w requires a rior to accou	II financial institutions, prior nt opening <b>.</b>	to account ope	ning, to obtain
WHAT THIS MEANS TO YOU: When yo We may also ask to see your driver's lic open an account.	ou apply for credit, w ense or other identi	ve will ask y fying docum	our name, addres nents. Failure to p	s, date of bii rovide the re	rth, and other information the equired information may rest	at will allow us ult in denial of y	to identify you. our request to
DEALER USE ONLY							

APPLICANT"S DRIVER"S LICENSE NUMBER	STATE	EXP. DATE	JOINT APPLICANT"S DRIVER"S LICENSE NUMBER	STATE	EXP. DATE
	• • • • =				
			SIGNATURES MATCH		
DEALER/EMPLOYEE NAME COMPLETING DRIVER	LICENSE I	VFORAMTION	SIGNATORES MATCH		

## JOINT APPLICANT INFORMATION

FIRST NAME	LAST NAME				MIC	DDLE		J	R/SR
PRESENT STREET ADDRESS (N	OT P.O. BOX)	APT. #	YEA	RS	CITY			STATE	ZIP CODE
HOME TELEPHONE	CELL PHONE		SOCIAL SEC	URITY #		BIRTH DATE			
MAILING ADDRESS IF DIFERENT		APT. #	CITY	,			STATE	ZIP CODE	-
CURRENT EMPLOYER (IF SELF I						BUSINESS TELEP	HONE NUM	BER	
EMPLOYER ADDRESS						HOW LONG? YRS.	MOS.	GROSS MONT	THLY INCOME

CITY

ZIP CODE POSITION

## Truth In Lending Disclosure - SHEFFIELD CARD ONLY

STATE

ANNUAL PERCENTAGE RATE (APR) for Purchases (Standard Rate) ***	As of 04/01/08, the Standard Rate is <b>16.05%</b> , which may vary monthly.
DEFAULT RATE	23.99% (Fixed) *
Variable Rate Information	The APRs may vary. The APRs are determined monthly by adding 10.80% to the Prime Rate. **
Grace Period for repayment of the balance of purchases	25 days on new purchases if you have paid your previous balance in full by the due date.
Method of Computing the Balance for Purchases	Average Daily Balance (including new purchases)
MINIMUM MONTHLY FINANCE CHARGE	\$1.00
ANNUAL FEE	NONE
LATE FEE	\$30.00
RETURNED ITEM FEE	\$30.00

\*If at any time you fail to pay the Minimum Payment Due on your Account by the Payment Due Date two times in any six consecutive billing periods, the Default Rate (rather than the Standard Rate) will apply to all existing balances on your Account and all new transactions beginning with the first day of the billing period in which you missed your second Payment due Date. Once the Default Rate applies, if you make any required Minimum Payment by the Payment Due Date for six (6) consecutive billing periods, the next Statement you receive will reflect the Standard Rate (rather than the Default Rate) which will apply to all existing balances on your Account and all new transactions beginning with the first day of the billing period in which you missed your second Payment due Date. Once the Default Rate applies, if you make any required Minimum Payment by the Payment Due Date for six (6) consecutive billing periods, the next Statement you receive will reflect the Standard Rate (rather than the Default Rate) which will apply to all existing balances on your Account and all new transactions beginning with the first day of the billing period reflected on that Statement.

\*\*The Prime Rate used to determine your APR is the most recent Prime Rate published in the "Money Rates" section of The Wall Street Journal on the last business day the month preceding the first day of each billing period. For example, the prime rate used for the billing period beginning July 1st will be that published the last business day in June. The APR is subject to a minimum of 14.99% if the Prime Rate falls below 4.19%.

\*\*\* A documentation fee may be applied to your account depending on the purchase being made. The documentation fee constitutes a Finance Charge, which will be added to the purchase balance.

The above information about the costs of the Card was printed on April 1, 2008 and was accurate as of that date. This information may change after that date. To find out what may have changed, write to us at Sheffield Financial, a division of BB&T Financial, FSB, P.O. Box 1704, Clemmons, NC 27012 or call toll-free 1-888-438-8837.

If this Application for credit (" Application") is for a Sheffield Card, I hereby certify that I have read and agree to the terms set forth in the above Truth in Lending Disclosures in Section 2, which contain important rate, fee, and other cost information.

This Application is to Sheffield Financial, a division of BB&T Financial, FSB ("Sheffield"). If this Application is for a Sheffield Card, by submitting this Application, I ask that Sheffield issue me a credit card if my Application is approved. I have read this Application, and everything stated in it is true. I authorize Sheffield to check my credit, employment history, or any other information, and to report such information, and its credit experience with me, to others. I am at least 18 years of age.

I consent for Sheffield to obtain a consumer credit report or consumer credit reports in conjunction with this request and, if credit should be granted, to also obtain in connection with the same account, future credit reports for the purposes of reviewing the account, increasing the credit line, collection action, or other legitimate purpose.

I hereby certify that the property purchased pursuant to this Application is for my personal and/or business use; that I am fully responsible for making all payments for such property; that such property will be in my possession or under my control until the amount financed and all finance charges have been paid in full; and that I am not purchasing any property financed through Sheffield for the benefit or use of another without the prior written approval of Sheffield.

## SIGNATURE (Primary Applicant) \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE (Joint Applicant)

SECTION

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DATE