

SECTION 1

**JOINT APPLICANT INFORMATION** An additional card will be issued to you. The primary card holder (and joint applicant, if any) will be jointly and severally liable for all purchases made and all amounts due on the account.

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_ MIDDLE \_\_\_\_\_ JR/SR \_\_\_\_\_

PRESENT STREET ADDRESS (NOT P.O. BOX) \_\_\_\_\_ APT. # \_\_\_\_\_ YEARS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

HOME TELEPHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

MAILING ADDRESS IF DIFFERENT FROM ABOVE \_\_\_\_\_ APT. # \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

**EMPLOYMENT INFORMATION • SELF EMPLOYMENT**

CURRENT EMPLOYER (IF SELF EMPLOYED, BUSINESS NAME) \_\_\_\_\_ BUSINESS TELEPHONE NUMBER \_\_\_\_\_

EMPLOYER ADDRESS \_\_\_\_\_ HOW LONG? YRS. - MOS. \_\_\_\_\_ GROSS MONTHLY INCOME \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ POSITION \_\_\_\_\_

SECTION 2

**Truth In Lending Disclosure - SHEFFIELD CARD ONLY**

<b>ANNUAL PERCENTAGE RATE (APR) for Purchases (Standard Rate) ***</b>	As of 01/01/09, the Standard Rate is <b>17.99%</b> , which may vary monthly.
<b>DEFAULT RATE</b>	<b>23.99%</b> (Fixed) *
Variable Rate Information	<b>The APRs may vary.</b> 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)
<b>MINIMUM MONTHLY FINANCE CHARGE</b>	\$1.50
<b>ANNUAL FEE</b>	NONE
<b>LATE FEE</b>	\$30.00
<b>RETURNED ITEM FEE</b>	\$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 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 17.99% if the Prime Rate falls below 7.19%.

\*\*\* A documentation fee of up to \$500 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 Promotional Offer, documentation fee and other charges may be negotiated with Merchant/Dealer who may receive a portion of the Finance Charge or other charges and may affect the cost of your loan.

The above information about the costs of the Card was printed on January 1, 2009 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.

SECTION 3

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) \_\_\_\_\_ DATE \_\_\_\_\_



P.O. Box 1704, Clemmons, NC 27012  
 TELEPHONE: 800-438-8892 FACSIMILE: 800-438-8894  
 www.sheffieldfinancial.com

I INTEND TO APPLY FOR JOINT CREDIT \_\_\_\_\_ (initials)

JOINT APPLICATION WITH \_\_\_\_\_

TYPE OF ACCOUNT REQUESTED:  INSTALLMENT LOAN (Sections 1 and 3 apply)  
 SHEFFIELD CARD (Sections 1, 2 and 3 apply)

DATE	SALES PERSON	DEALER NAME		TELEPHONE NUMBER ( )
PROMOTION	APPROVAL #	REQUESTED AMOUNT	# PAYMENTS	FAX NUMBER ( )

**APPLICANT INFORMATION**

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_ MIDDLE \_\_\_\_\_ JR/SR \_\_\_\_\_

PRESENT STREET ADDRESS (NOT P.O. BOX) \_\_\_\_\_ APT. # \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ HOW LONG? YEARS \_\_\_\_\_

HOME TELEPHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_ BIRTH DATE \_\_\_\_\_  OWN  RENT FREE  
 RENT  UNKNOWN

MAILING ADDRESS IF DIFFERENT FROM ABOVE \_\_\_\_\_ APT. # \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

**EMPLOYMENT INFORMATION • SELF EMPLOYMENT**

CURRENT EMPLOYER (IF SELF EMPLOYED, BUSINESS NAME) \_\_\_\_\_ BUSINESS TELEPHONE NUMBER \_\_\_\_\_

EMPLOYER ADDRESS \_\_\_\_\_ HOW LONG? YRS. - MOS. \_\_\_\_\_ GROSS MONTHLY INCOME \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ POSITION \_\_\_\_\_

CHECK IF LOAN TO BE IN BUSINESS NAME ABOVE. GUARANTY AGREEMENT REQUIRED.

NAME OF NEAREST RELATIVE NOT LIVING WITH YOU \_\_\_\_\_ TELEPHONE NUMBER \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

**BANK INFORMATION**

BANK NAME \_\_\_\_\_ STATE WHERE ACCOUNT OPENED \_\_\_\_\_

SECTION 1 PLEASE PRINT CLEARLY

EQUIPMENT INFORMATION	MANUFACTURER/MAKE:	MODEL:	VIN/SERIAL#:	PRICE:
	1 .....			\$ .....
	2 .....			\$ .....
	3 ACCESSORIES AND OTHER CHARGES/FEES (LIST) .....			\$ .....
	NOTICE TO DEALER: THIS INFORMATION WILL BE USED TO PREPARE YOUR CUSTOMER'S CONTRACT. INCORRECT INFORMATION WILL DELAY FUNDING.			TOTAL (LINES 1-3).....
			LESS CASH DOWN PAYMENT.....	-\$ .....
			LESS TRADE IN*.....	-\$ .....
*If equipment being traded-in is financed through Sheffield, call us for pay-off and instructions.			REQUESTED AMOUNT.....	\$ .....

**IMPORTANT INFORMATION ABOUT ACCOUNT OPENING PROCEDURES:** Federal law requires all financial institutions, prior to account opening, to obtain, verify, and record information that identifies each person who asks to open an account prior to account opening.

**WHAT THIS MEANS TO YOU:** When you apply for credit, we will ask 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. Failure to provide the required information may result in denial of your request to open an account.

**DEALER USE ONLY**

APPLICANT'S DRIVER'S LICENSE NUMBER \_\_\_\_\_ STATE \_\_\_\_\_ EXP. DATE \_\_\_\_\_ JOINT APPLICANT'S DRIVER'S LICENSE NUMBER \_\_\_\_\_ STATE \_\_\_\_\_ EXP. DATE \_\_\_\_\_

DEALER/EMPLOYEE NAME COMPLETING DRIVER LICENSE INFORMATION \_\_\_\_\_  SIGNATURES MATCH  PHOTO MATCH