



Lien Holder & Loss Payee Address:

HONOR FINANCE, LLC
P.O. Box 1817
Evanston, IL 60204

Funding Address:

HONOR FINANCE, LLC
909 Davis St., Suite 620
Evanston, IL 60201

Phone: (847) 563-7760
Fax: (847) 440-2978
www.honorfinance.com

WISCONSIN FUNDING REQUIREMENTS

- COMPLETE DEALER PACKET UPDATED ANNUALLY
- ORIGINAL AND FILE COPY OF CONTRACT ASSIGNED TO HONOR FINANCE, LLC WITH PROPER REFUND METHOD (FILLED OUT AND PROPERLY SIGNED)**
- ORIGINAL CREDIT APPLICATION ON ALL SIGNERS, SIGNED, & DATED
- BUYER'S ORDER (PROPERLY SIGNED)
- ODOMETER STATEMENT
- CONTRACT ASSIGNMENT & LETTER OF GUARANTEE SIGN BY DEALER
- DISCOUNT DISCLOSURE FORM
- COPY OF FRONT AND BACK OF TITLE AND COPY OF TITLE APPLICATION SHOWING **HONOR FINANCE, LLC AS LIEN HOLDER. LIEN CODE: 112143.**
- NOTICE TO GUARANTOR (if 2nd signer is not a parent or spouse)
- COMPLETED HONOR FINANCE, LLC REFERENCE SHEET (landlord name and phone number required)
- COMPLETED PREAUTHORIZATION PAYMENT FORM
- COPY OF WARRANTY OR SERVICE AGREEMENT (if applicable)
- COPY OF TOTAL LOSS PROTECTION GAP INSURANCE FORM (if applicable)
- COPY OF VALID WISCONSIN DRIVER'S LICENSE FOR ALL SIGNERS
- FULL COVERAGE INSURANCE WITH **HONOR FINANCE, LLC LISTED AS LOSS PAYEE (\$500 MAX DEDUCTIBLE; NO BINDERS**
- PROOF OF INCOME: COMPUTERIZED PAY STUB SHOWING YTD EARNINGS (dated no more than 30 days)
- PROOF OF RESIDENCE (recently dated phone/utility bill or bank statement in customer's name)
- CONTRACT VERIFICATION CALL WITH CUSTOMER

AGREEMENT TO PROVIDE INSURANCE

I have recently financed the purchase of a motor vehicle through a retail installment contract (the “Contract”) purchased by Honor Finance, LLC or one of its affiliates. By my signature below, I am agreeing to the following:

- A. I will maintain physical damage insurance coverage on the financed vehicle through the later of (1) the term of the Contract and (2) the date that all amounts owing under the Contract have been paid in full.
- B. The deductibles for this physical damage insurance coverage must not exceed (1) \$500.00 for comprehensive coverage (or fire, theft, and combined additional coverage) and (2) \$500.00 for collision coverage.
- C. The policy for the physical damage insurance coverage must name **Honor Finance, LLC** as loss payee and coverage must be in effect on the date of the Contract. The loss payee address is **PO Box 1817, Evanston, IL 60204.**

I understand that physical damage insurance coverage does not include liability coverage. Liability coverage or a bond is required to operate a vehicle in most states. I can contact my insurance agent or insurer for more information.

Customer Name: _____

Address: _____

Home Phone: _____ Business Phone: _____

The Vehicle referred to herein is described below:

Year: _____ Make: _____

Model: _____ VIN: _____

Agent: _____ Agent Phone: _____

Agency Name: _____

Agency Address: _____

Insurance Company: _____ Policy #: _____

Effective Date: _____ Expiration Date: _____

Deductibles: _____ Comp: _____ Collision: _____

Buyer Signature: X _____ Date: _____

Co-Buyer Signature: X _____ Date: _____

Dealer/Sales person Signature: X _____ Date: _____

Note: The above information is subject to verification.

DISCLOSURE OF DISCOUNT
AND
BUYER REPRESENTATION OF CASH PRICE

Date: _____

Customer: _____

Seller/Dealer/Creditor: _____

I am considering entering into a Retail Installment Contract in connection with the purchase of an automobile from the Seller named above. I have been given an opportunity to read the Retail Installment Contract, which is completely filled in, and to ask any questions I have concerning the contract or this document.

I understand that the price of the automobile is as set forth in the Retail Installment Contract. I represent that the “Cash Price” shown on the retail installment contract is the price I would pay for the automobile if I was purchasing the automobile for cash and that I was not quoted a lower cash price for the automobile and that the cash price was not increased because I am purchasing the automobile on credit. I understand that the Seller has the option and the right to sell and assign my Retail Installment Contract to any third party at par, premium, or a discounted amount. I understand that this means that any third party may purchase my Retail Installment Contract from the Seller for an amount, which is equal to, in excess of, or less than the amount of credit provided to me on my behalf by the Seller.

I further understand that the sale and assignment of my Retail Installment Contract will not relieve me of any obligations under the Retail Installment Contract nor will it alter any of those obligations except as to the place where payment is to be made.

I acknowledge that I have received and read this document before signing the Retail Installment Contract and that this document was completely filled in before I signed it.

Customer Signature

Date

Customer Signature

Date

To: Honor Finance, LLC
909 Davis St., Suite 620
Evanston, IL 60201

Re:

Customer Name

VIN

Contract Date

Vehicle Year/Make/Model

ASSIGNMENT

FOR VALUE RECEIVED.

The undersigned Seller hereby expressly sells, assigns and transfers all right, title and interest to Honor Finance, LLC and/or its subsidiaries in and to said Retail Installment Contract and Promissory Notes (the “Contract”), including the warranties, guaranties or hold harmless provisions and all other terms of the assignment contained therein.

The assignment specifically includes all right, title and interest to any insurance policies or insurance proceeds purchased or endorsed or obtained under the terms of the Contract. This assignment specifically includes all right, title and interest in or to any property or security interests described or provided for in the contract.

LETTER OF GUARANTEE

In consideration of Honor Finance, LLC purchasing the below listed contract prior to receiving a Certificate of Title recorded in the name of the customer reflecting a first lien in favor of Honor Finance, LLC on the vehicle described below, dealer agrees and guarantees to repurchase the Contract for the full balance then owing Honor Finance, LLC in the event Honor Finance, LLC for any reason does not receive a Certificate of Title properly issued as described herein within ninety (90) days of the contract date. This Guarantee is an addition to other obligations contained in the assignment of the contract.

Dealer Name

Date

Authorized Agent

EXPLANATION OF GUARANTOR'S OBLIGATION

You, _____ (name of guarantor), by signing the retail installment contract and this Document are agreeing that you will pay \$_____ (total deferred payment price) for the Purchase of _____ (description of goods and services) purchased by _____ (name of buyer) from _____ (name of seller).

Your obligation arises only after the seller or holder has attempted through the use of the court System to collect this amount from the buyer. If the seller cannot collect this amount from the buyer, you will be obligated to pay even though you are not entitled to any of the goods or services furnished. The seller is entitled to sue you in court for the payment of the amount due.

ACKNOWLEDGEMENT OF RECEIPT

I acknowledge that I reviewed a copy of the foregoing Explanation of Guarantor Obligation and a copy of the Retail Installment Contract.

Guarantor

Date

Note:

1. This must be in at least 8-point type.
2. Each cosigner and guarantor must be given a copy of the contract.
3. A copy of this explanation must be given to the guarantor.

REFERENCE RELEASE FORM

Name _____	Home Phone # _____		
Address _____			
City _____	State _____	Zip Code _____	Relationship _____
Name _____	Home Phone # _____		
Address _____			
City _____	State _____	Zip Code _____	Relationship _____
Name _____	Home Phone # _____		
Address _____			
City _____	State _____	Zip Code _____	Relationship _____
Name _____	Home Phone # _____		
Address _____			
City _____	State _____	Zip Code _____	Relationship _____
Name _____	Home Phone # _____		
Address _____			
City _____	State _____	Zip Code _____	Relationship _____

LANDLORD & EMPLOYMENT INFORMATION

Landlord Name: _____	Landlord Phone #: _____
Applicant Home Phone #: _____	Applicant Cell Phone #: _____

AUTHORIZATION TO RELEASE INFORMATION

Buyer (print name): _____	Co-Buyer (print name): _____
Social Security #: _____	Social Security #: _____

The undersigned, by executing this Authorization to Release Information dated _____, hereby authorize Honor Finance, LLC to provide any information on the above referenced account to all referenced parties. This authorization is valid from today's date until I/We advise Honor Finance, LLC in writing that this authorization is revoked.

Buyer Signature

Co-Buyer Signature

ACH INSTRUCTIONS

Recipient Bank:	Bank ACH Routing Number	
	Bank Name	
	Street Address	
	City, State, ZIP	
Recipient:	Recipient's Account Name	
	Recipient's Account Number	
	Street Address	
	City, State, ZIP	
	Financial Dept. Fax Number	
Special Instructions:		

Authorizing Signatures

Please return to Honor Finance Funding Department

Honor Finance, LLC
Attention: Funding Department
909 Davis St., Suite 620
Evanston, IL. 60201
 or
Fax: 847-440-2978
 or
eMail: funding@honorfinance.com

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

I, hereby authorize Honor Finance, hereinafter called COMPANY, to initiate entries to my debit/credit card or checking/savings account indicated below at the depository named below, hereinafter called DEPOSITORY, to debit the same to such account.

CUSTOMER NAME _____

DEALERSHIP NAME _____

Select one:

1. DEBIT/CREDIT CARD # _____ EXPIRATION DATE _____

3 DIGIT SEC CODE _____

2. BANK OR CREDIT UNION

NAME _____

CITY _____ STATE _____



ROUTING NUMBER _____
ACCOUNT NUMBER _____

CIRCLE ONE: CHECKING SAVINGS

Ⓜ[qw] cxg'cp{ 's vguuqpu'tgi ctf lpi 'j ku'tcpucevkqp'qt'pggf 'q'texqng'vj ku'cwj qtk cvkqp.'r mcug'ecmJ qpq' Hpcpeg'cv': 69/955/252200w'tewxqo gt'betxleg'j qwtu'ctg' : co /8ro 'EUVO'CmItgxqecvkqp'tgs wguu'o wu'dg'r tqxkf gf "46'j qwtu'dehgtg'tcpucevkqp'ku'q'dg'eqo r ngvf 0

SIGNATURE _____

EMAIL ADDRESS _____

NOTE: ALL WRITTEN DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

BEGINNING DATE _____

PAYMENT AMOUNT \$ _____

FREQUENCY (check one)

- Once a month on this date _____
- Every other week in this day _____
- Semi-monthly on these dates _____
- Weekly on this day _____