

Credit Application

Credit Sale Lease

Application Number: _____

Date: _____

<p>Seller Name and Address</p> <p>The words "you" and "your" refer to each person or business submitting this Credit Application. The words "we," "us," and "our" refer to the seller and the financial companies to which your Credit Application is submitted.</p>	<p>Important Information to Applicant(s). Federal law requires financial companies to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information.</p> <p>What this means for you. When you apply for credit, 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. In some instances, we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law. <i>Read each instruction carefully before completing this form.</i></p>
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Type of Credit Requested	
<p><i>Check only <u>one</u> of the three types:</i></p> <p><input type="checkbox"/> Individual Credit - You are relying on your income or assets.</p> <p><input type="checkbox"/> Business Credit</p>	
<p><input type="checkbox"/> Joint Credit - By initialing below, you intend to apply for "joint credit".</p> <p style="text-align: center;">Applicant _____ Joint Applicant _____</p>	

Complete Section (B) **Joint Applicant or Other Party** if applicable.

(A) Applicant				Applicant Information				(B) Joint Applicant or Other Party			
FULL NAME (First, Middle, Last)				FULL NAME (First, Middle, Last)							
GOV'T ID TYPE	GOV'T ID NO.	GOV'T ID ISSUED BY		GOV'T ID TYPE	GOV'T ID NO.	GOV'T ID ISSUED BY		GOV'T ID TYPE	GOV'T ID NO.	GOV'T ID ISSUED BY	
GOV'T ID ISSUE DATE	GOV'T ID EXP. DATE	DATE OF BIRTH		GOV'T ID ISSUE DATE	GOV'T ID EXP. DATE	DATE OF BIRTH		GOV'T ID ISSUE DATE	GOV'T ID EXP. DATE	DATE OF BIRTH	
SOC. SEC. NO.	PRIMARY PHONE <input type="checkbox"/> CELL	SECOND PHONE <input type="checkbox"/> CELL		SOC. SEC. NO.	PRIMARY PHONE <input type="checkbox"/> CELL	SECOND PHONE <input type="checkbox"/> CELL		SOC. SEC. NO.	PRIMARY PHONE <input type="checkbox"/> CELL	SECOND PHONE <input type="checkbox"/> CELL	
EMAIL ADDRESS:				EMAIL ADDRESS:							
STREET ADDRESS		APT#	HOW LONG?	STREET ADDRESS		APT#	HOW LONG?	STREET ADDRESS		APT#	HOW LONG?
CITY		STATE	ZIP	CITY		STATE	ZIP	CITY		STATE	ZIP
MAILING ADDRESS (if different from Street Address)		APT#	MONTHLY RENT OR MORTGAGE PAYMENT	MAILING ADDRESS (if different from Street Address)		APT#	MONTHLY RENT OR MORTGAGE PAYMENT	MAILING ADDRESS (if different from Street Address)		APT#	MONTHLY RENT OR MORTGAGE PAYMENT
CITY		STATE	ZIP	CITY		STATE	ZIP	CITY		STATE	ZIP
RESIDENTIAL STATUS <input type="checkbox"/> OWN <input type="checkbox"/> RENT			LANDLORD/MORTGAGE	RESIDENTIAL STATUS <input type="checkbox"/> OWN <input type="checkbox"/> RENT			LANDLORD/MORTGAGE	RESIDENTIAL STATUS <input type="checkbox"/> OWN <input type="checkbox"/> RENT			LANDLORD/MORTGAGE
<input type="checkbox"/> WITH RELATIVES <input type="checkbox"/> WITH FRIENDS <input type="checkbox"/> OTHER				<input type="checkbox"/> WITH RELATIVES <input type="checkbox"/> WITH FRIENDS <input type="checkbox"/> OTHER				<input type="checkbox"/> WITH RELATIVES <input type="checkbox"/> WITH FRIENDS <input type="checkbox"/> OTHER			
LANDLORD PHONE	PREVIOUS ADDRESS (if less than 2 yrs at current address)		APT#	LANDLORD PHONE	PREVIOUS ADDRESS (if less than 2 yrs at current address)		APT#	LANDLORD PHONE	PREVIOUS ADDRESS (if less than 2 yrs at current address)		APT#
CITY	STATE	ZIP	HOW LONG?	CITY	STATE	ZIP	HOW LONG?	CITY	STATE	ZIP	HOW LONG?
		___ YRS ___ MOS				___ YRS ___ MOS				___ YRS ___ MOS	
CURRENT EMPLOYER			GROSS MONTHLY SALARY	CURRENT EMPLOYER			GROSS MONTHLY SALARY	CURRENT EMPLOYER			GROSS MONTHLY SALARY
CURRENT EMPLOYER'S ADDRESS		CITY	STATE	CURRENT EMPLOYER'S ADDRESS		CITY	STATE	CURRENT EMPLOYER'S ADDRESS		CITY	STATE
ZIP	WORK PHONE	HOW LONG?	OCCUPATION/JOB TITLE	ZIP	WORK PHONE	HOW LONG?	OCCUPATION/JOB TITLE	ZIP	WORK PHONE	HOW LONG?	OCCUPATION/JOB TITLE
		___ YRS ___ MOS				___ YRS ___ MOS				___ YRS ___ MOS	
PREVIOUS EMPLOYER (if less than 2 yrs at current job)			GROSS MONTHLY SALARY	PREVIOUS EMPLOYER (if less than 2 yrs at current job)			GROSS MONTHLY SALARY	PREVIOUS EMPLOYER (if less than 2 yrs at current job)			GROSS MONTHLY SALARY
PREVIOUS EMPLOYER'S FULL ADDRESS			PHONE	PREVIOUS EMPLOYER'S FULL ADDRESS			PHONE	PREVIOUS EMPLOYER'S FULL ADDRESS			PHONE
SECONDARY EMPLOYER NAME (if applicable)		SECONDARY EMPLOYER ADDRESS		SECONDARY EMPLOYER NAME (if applicable)		SECONDARY EMPLOYER ADDRESS		SECONDARY EMPLOYER NAME (if applicable)		SECONDARY EMPLOYER ADDRESS	
CITY	STATE	ZIP	GROSS MONTHLY SALARY	CITY	STATE	ZIP	GROSS MONTHLY SALARY	CITY	STATE	ZIP	GROSS MONTHLY SALARY
SECONDARY EMPLOYER PHONE	HOW LONG?	OCCUPATION/JOB TITLE		SECONDARY EMPLOYER PHONE	HOW LONG?	OCCUPATION/JOB TITLE		SECONDARY EMPLOYER PHONE	HOW LONG?	OCCUPATION/JOB TITLE	
		___ YRS ___ MOS				___ YRS ___ MOS				___ YRS ___ MOS	

OTHER INCOME NOTE:*			
<input type="checkbox"/> (A) or <input type="checkbox"/> (B) GROSS MONTHLY OTHER INCOME	OTHER INCOME SOURCE	<input type="checkbox"/> (A) or <input type="checkbox"/> (B) GROSS MONTHLY OTHER INCOME	OTHER INCOME SOURCE

* Alimony, child support, or separate maintenance incomes do not have to be revealed unless the applicant wishes to have such sources considered as a basis for repayment of the requested credit amount.

REFERENCE	PHONE	REFERENCE	PHONE
ADDRESS	RELATIONSHIP	ADDRESS	RELATIONSHIP

