

CUSTOMER APPLICATION

Date _____

Amount Requested _____

CUSTOMER INFORMATION

Name		Date of Birth	S.S. #	
Address		City / State / Zip		Apt. #
Residence: <input type="checkbox"/> Owned <input type="checkbox"/> Rented Type: <input type="checkbox"/> House <input type="checkbox"/> Apt. <input type="checkbox"/> Other		Phone #	<input type="checkbox"/> Home <input type="checkbox"/> Message	Listed Under
Landlord / Mtg. Holder		Address		Phone #
Identification Number	<input type="checkbox"/> DL <input type="checkbox"/> ID	Ht.	Wt.	Eyes
		Cell Phone		Pager
				Hair

EMPLOYMENT

Employer		Address		Phone #	Ext.
Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Not Working	Paid: <input type="checkbox"/> Weekly <input type="checkbox"/> Every Two Weeks <input type="checkbox"/> Monthly	Day of the Week Paid	Amount	How Long?	
Supervisor	Occupation	Department		Shift	

VEHICLE INFORMATION

Year	Make	Model	Tag	Color
Value		VIN #		

CO-APPLICANT

Name		/Maiden Name	Date of Birth	S.S.#	
Employer		Address		Phone #	Ext.
Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Not Working	Paid: <input type="checkbox"/> Weekly <input type="checkbox"/> Every Two Weeks <input type="checkbox"/> Monthly	Day of the Week Paid	Amount	How Long?	
Identification Number		<input type="checkbox"/> DL <input type="checkbox"/> ID			

REFERENCES

Name	Address	Phone	Relationship

PLEASE FILL IN THE FOLLOWING SO WE CAN SERVE YOU BETTER IN THE FUTURE

Have you ever done business with our company before? No Yes If so, how long ago? _____

Have you ever done business with another company like ours? No Yes If so, please list who: _____

How did you hear about us? TV Radio Drive By Referral Other _____

I PROMISE THAT THE INFORMATION PROVIDED ON THIS FORM IS TRUE, COMPLETE, AND CORRECT TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE YOU TO VERIFY ANY AND ALL INFORMATION ON THIS APPLICATION.

APPLICANT

CO-APPLICANT