



PERSONAL APPLICATION FOR CREDIT (INDIVIDUAL)

SELLER			PURCHASE <input type="checkbox"/>	LEASE <input type="checkbox"/>	APPLICATION DATE
APPLICANT NAME (LAST, FIRST, MIDDLE)			BIRTHDATE	DRIVER'S LICENSE	SOCIAL SECURITY
HOME PHONE	WORK PHONE	HOME FAX	WORK FAX	E-MAIL ADDRESS	
RESIDENCE STREET ADDRESS		CITY	STATE	ZIPCODE	YEARS HERE
<i>IF YOU HAVE RESIDED AT YOUR CURRENT ADDRESS FOR LESS THAN 5 YEARS, PLEASE PROVIDE YOUR PREVIOUS RESIDENCE ADDRESS BELOW</i>					
PREVIOUS RESIDENCE STREET ADDRESS		CITY	STATE	ZIPCODE	YEARS THERE
CURRENT EMPLOYER			OCCUPATION/POSITION		
EMPLOYER'S STREET ADDRESS		CITY	STATE	ZIPCODE	YEARS HERE
<i>IF YOU HAVE BEEN WITH THIS EMPLOYER FOR LESS THAN 5 YEARS, PLEASE PROVIDE YOUR PREVIOUS EMPLOYMENT INFORMATION BELOW</i>					
PREVIOUS EMPLOYER			OCCUPATION/POSITION		YEARS THERE
NEAREST RELATIVE NOT LIVING WITH YOU	RELATIONSHIP	HOME PHONE	WORK PHONE		
RESIDENCE STREET ADDRESS		CITY	STATE	ZIPCODE	
PERSONAL FRIEND KNOWN FOR AT LEAST 1 YEAR			HOME PHONE	WORK PHONE	
PERSONAL FRIEND KNOWN FOR AT LEAST 1 YEAR			HOME PHONE	WORK PHONE	
TOTAL GROSS (PRE-TAX) MONTHLY INCOME FROM EMPLOYMENT					\$
TOTAL GROSS MONTHLY INCOME FROM OTHER SOURCES (PLEASE LIST)					\$
LANDLORD/MORTGAGE HOLDER	MONTHLY RENT/MORTGAGE PAYMENT		RENT <input type="checkbox"/>	OWN <input type="checkbox"/>	\$
PRESENT VEHICLE FINANCED/LEASED BY	TOTAL MONTHLY PAYMENT AMOUNT		FINANCED <input type="checkbox"/>	LEASED <input type="checkbox"/>	\$
OTHER CREDIT WITH FINANCIAL INSTITUTION	TOTAL MONTHLY PAYMENT AMOUNT		LOAN <input type="checkbox"/>	CREDIT CARD <input type="checkbox"/>	\$
BANKING REFERENCE	TOTAL ACCOUNT BALANCE		CHECKING <input type="checkbox"/>	SAVINGS <input type="checkbox"/>	\$
AUTOMOBILE INSURANCE COMPANY	AGENT PHONE	POLICY NUMBER	EXPIRATION DATE		
I, the undersigned (1) make the above representations, which are certified correct, for the purpose of securing credit; (2) authorize financial institutions to obtain consumer credit reports on me periodically and to gather employment history as they consider necessary and appropriate; (3) authorize your affiliates to obtain consumer credit reports on me; and, authorize financial institutions, affiliates, and others to exchange credit, account and financial information about me. I further understand that any financial institution to whom this is submitted will retain this applicaiton whether or not it is approved, and that it is the applicant's responsibility to notify the creditor granting credit of any changes of name, address or employment. I am hereby notified pursuant to the Fair Credit Reporting Act, that my application may be submitted to other financial institutions.					
PURCHASER HEREBY ACKNOWLEDGES RECEIPT OF A COPY OF THIS CREDIT APPLICATION			APPLICANT SIGNATURE		