

# CUSTOMER APPLICATION

Date \_\_\_\_\_

Amount Requested \_\_\_\_\_

## CUSTOMER INFORMATION

Name		Date of Birth	S.S.#	
Address		City / State / Zip		Apt.# How Long
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	
Identification <input type="checkbox"/> DL <input type="checkbox"/> ID Number #		Have you ever filed bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No When?		
E-Mail Address:		Best Way To Contact You: <input type="checkbox"/> Call <input type="checkbox"/> Email <input type="checkbox"/> Text		

## VEHICLE INFORMATION

Year	Make	Model	Tag	Color
Insurance Co. Provider		VIN #		

## EMPLOYMENT/INCOME

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 Week Paid	Amount	How Long	
Supervisor	Occupation	Department	Shift		

\*Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.

## CO-APPLICANT

Name /Maiden Name		Date of Birth	S.S.#		
Employer		Address		Home Phone #	
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 Week Paid	Amount	How Long	
Identification <input type="checkbox"/> DL <input type="checkbox"/> ID Number #	Work Phone # Ext.				

## REFERENCES

**MUST COMPLETE ALL FOUR REFERENCES**

**Relationship**

Name	Address	Phone	Relationship
Name	Address	Phone	Relationship
Name	Address	Phone	Relationship
Name	Address	Phone	Relationship

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