# CONSUMER CREDIT APPLICATION

Last Name: _____ First Name: _____ Middle Initial: ____

Social Security Number: ____-____-____ Date of Birth: _____/_____/_____

Street: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____

Employer: _____

Employer's Address: _____

Gross Salary: _____ (Wk.___ Mo.___ Yr.___ )

Length of Employment: Years _____ Months _____

Position: _____

Employer: _____

Employer Address: _____

Length of Employment: Years _____ Months _____

Position: _____

Additional Income: _____

Source of Additional Income: _____

Number of Dependents: _____

Residence: Own ____ Rent ____ Live with Parents ____

Mortgage Holder or Landlord: _____

Monthly Payment: _____

Have you ever declared bankruptcy or had a judgment filed against you?

Yes _____ No _____. If yes, list the

Court and Date: _____

Checking Account #: _____

Savings Account #: _____

Bank Name and Address: _____

Credit Cards (list account number, balance and monthly payment):

1._____

2._____

3._____

The information contained in this application is true and correct, and is supplied to obtain credit from you or one of your lenders. I authorize you to verify any and every aspect of the information in the application and any additional information that you may require in connection with this application or in connection with any review, update, extension, renewal or collection of any credit you extend as a result of this application. I hereby authorize you to report your credit experience with me to other retail establishments and credit reporting agencies.

Applicant 1 Signature: _____ Date: _____

Applicant 2 Signature: _____ Date: _____