

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: \_\_\_\_\_