

**LOAN APPLICATION FORM**

PERSONAL INFORMATION									
Last Name		First Name			MI	SSN			
Address				City		State	Zip	How long? Years/Months	
Home/Cell Phone		Message Phone Number		Email Address			DOB		
Previous Address (if less than two [2] years at current address)								How long? Years/Months	
Employer			Employer's Phone		Ext.	How long? Years/Months		Dept./Title	
Address				City		State	Zip		
FT or PT (Hours Worked)	Next Payday	Other Incomes (Tips, SSI, etc) (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.) \$ _____			Pay Frequency (Check One)	<input type="checkbox"/> Once a Month <input type="checkbox"/> Twice a month <input type="checkbox"/> Every Two Weeks <input type="checkbox"/> Weekly <input type="checkbox"/> Twice a Week		Take Home Pay	
Previous Employer (if less than three [3] years at current employer)									
Home (Check One) <input type="checkbox"/> Own <input type="checkbox"/> Rent		If Rent, Landlord's Name				Landlord Phone			
Net Monthly Bills \$ _____ (Installment Loans Only)				ID# (Driver's License/State Issued ID)		State	Expiration Date		
Checking Account (Check One) <input type="checkbox"/> Yes <input type="checkbox"/> No		Name of Bank			Checking Account Number		Direct Deposit <input type="checkbox"/> Yes <input type="checkbox"/> No		How Often? How Much?
CO-APPLICANT INFORMATION									
Last Name		First Name			MI	DOB	SSN		
Employer			Employer's Phone		Ext.	How Long? Years/Months		Dept.	
PERSONAL REFERENCES (TWO MUST BE FAMILY)									
Name		Address			Phone		Relationship		
1									
2									
3									
4									
5									
OTHER DEFERRED DEPOSIT TRANSACTIONS									
Do you have any other current outstanding loans with other deferred deposit companies?					Check: <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, what is the face value of each outstanding loan? \$ _____					\$ _____				
IDENTIFICATION OF COVERED BORROWERS									
Federal law provides important protections to active duty members of the Armed Forces and their dependents. To ensure that these protections are provided to eligible applicants, we require you to sign one of the following statements as applicable:									
<b>I AM</b> a regular or reserve member of the Army, Navy, Marine Corps, Air Force, or Coast Guard, serving on active duty under a call or order that does not specify a period of 30 days or fewer. Signature _____ Date _____									
<b>I AM</b> a dependent of a member of the Armed Forces on active duty as described above, because I am the member's spouse, the member's child under the age of eighteen years old, or I am an individual for whom the member provided more than one-half of my financial support for 180 days immediately preceding today's date. Signature _____ Date _____									
<b>I AM NOT</b> a regular or reserve member of the Army, Navy, Marine Corps, Air Force, or Coast Guard, serving on active duty under a call or order that does not specify a period of 30 days or fewer (or a dependent of such a member). Signature _____ Date _____									
<b>WARNING:</b> It is important to fill out this form accurately. Knowingly making a false statement on a credit application is a crime.									
BANKRUPTCY INFORMATION									
Have you filed for or are you in the process of filing for bankruptcy?					<input type="checkbox"/> Yes <input type="checkbox"/> No				
Do you plan to file for bankruptcy protection in the next 30 days?					<input type="checkbox"/> Yes <input type="checkbox"/> No				
READ STATEMENT BEFORE SIGNING									
You authorize us to obtain consumer reports in order to evaluate your application or to evaluate or collect your account if we grant you credit. I certify the information supplied by me on this form is true and correct. I authorize verification of the truthfulness of all information contained herein, including contact with any person or firm listed above, and fully release all parties from liability for any damage that may result. The company reserves the right to refuse service to any person for any lawful reason, including but not limited to the making of any false, misleading or incomplete statement. I have read and understand the above statement.									
_____ Signature					_____ Date				