



CREDIT APPLICATION

Personal Information

First Name	Middle Name	Last Name	Suffix
()	()	()	
Home Phone	Work Phone	Ext	Cell Phone
Email			Perferred Contact Method: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Email
SSN	Date of Birth MM/DD/YYYY	Driver's License Number	State

Current Address

Street			
City	State	Zip	County
Occupancy Status: <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other		Occupancy Duration: ___ Yrs ___ Mo(s)	Housing Payment

Employment Information

Employment Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Self-employed <input type="checkbox"/> Retired <input type="checkbox"/> Other _____			
Profession/Job Title		Employer	Employment Duration: ___ Yrs ___ Mo(s)
Employer's Address			

Income Information

By signing this credit application I/we make the above representations, which are certified true, correct and complete, for the purpose of obtaining credit. Authorize you to investigate my credit record, to verify my credit, employment and income references and to gather such other information that you consider necessary and appropriate. Authorize you to give credit reporting agencies and others information regarding your credit experience with me, and understand that you will retain this application whether or not it is approved.

Gross Yearly Income:	_____	Tax Exempt?
+ Other Income 1	_____	+ Other Income 1 Description _____ <input type="checkbox"/>
+ Other Income 2	_____	+ Other Income 2 Description _____ <input type="checkbox"/>
=Total Yearly Income	_____	

Signature

Date