

SAMPLE CONSUMER CREDIT APPLICATION

Your Company Name

Your Company Address

Office# () 777-8888 Fax # () 777-9999

DATE _____

Full Legal Name : _____ Amount of Credit Requested \$ _____

Address: _____ Mailing Address (if different) _____

Date of Birth: ___/___/___ Age _____ Social Security Number _____ Drivers License Number _____

Home phone: _____ Home fax: _____ Home Email Address _____

Cell phone _____ Pager _____

Employer Name: _____ Address: _____

Position: _____ Number of Years Employed: _____ Full Time: Yes ___ No ___ Salary \$ _____

Work Phone: _____ Work fax: _____ Work Email Address _____

Work Cell Phone _____ Work Pager _____

Sex: ___ Male ___ Female Married: Yes ___ No ___ If yes, Spouse's Legal Name _____

Date of Birth: ___/___/___ Age _____ Social Security Number _____ Drivers License Number _____

Home phone: _____ Home fax: _____ Home Email Address _____

Cell phone _____ Pager _____

Employer Name: _____ Address: _____

Position: _____ Number of Years Employed: _____ Full Time: Yes ___ No ___ Salary \$ _____

Work Phone: _____ Work Fax: _____ Work Email Address _____

Work Cell Phone _____ Work Pager _____

Additional Source of Income Yes ___ No ___ If yes, type _____ How much annually? \$ _____

BANK REFERENCE(S):

1) Name of Bank: _____ Phone #: _____

Address: _____

Contact Person: _____ Checking account number _____

Company Credit Card _____ Master Card Visa Other Account Number _____

2) Name of Bank: _____ Phone #: _____

Address: _____

Contact Person: _____ Checking account number _____

Company Credit Card _____ Master Card Visa Other Account Number _____

SAMPLE CONSUMER CREDIT APPLICATION- continued

TRADE or CREDIT REFERENCES:

1) Company Name: _____ Contact _____

Address: _____ City _____ State _____ Zip _____

Phone# (____) _____ Fax (____) _____

2) ETC 3) ETC

Contact Information:

1) Contact Name: _____ Relationship _____

Address: _____ City _____ State _____ Zip _____

Home Phone# (____) _____ Work Phone # (____) _____

Email address _____

2) ETC

I confirm that all information provided is complete and accurate to the best of my knowledge. I authorize (Your Company Name) to verify information from sources provided and to obtain credit information from local and/or national credit reporting agencies.

By (Print Name) _____ Date _____

Guarantor Signature _____ Date _____

By (Print Name) _____ Date _____

Guarantor Signature _____ Date _____

TO BE COMPLETED BY OFFICE PERSONNEL

Please check the following:

- All information requested been provided or N/A?** Initials _____
- Has a Drivers License or picture ID been verified? Initials _____
- Has all vital information been verified? Initials _____
- Has Fraud Alert Product been run? **CIP**__ / **J**__ Initials _____
- Addr. Discrepancy Warning? If Y, complete** **CIP**__ / **J**__ Initials _____
- Has a credit report been run? **EXP**____ **EFX**____ **TU**____ Initials _____
- Credit Score?** **EXP**____ **EFX**____ **TU**____ Initials _____
- Was loan: Approved__ Declined__ Modified__ Initials _____