



CREDIT APPLICATION

- If you are applying for individual credit in your own name and are relying on your own income or assets and NOT the income or assets of another person as a basis for repayment of the credit requested, complete Section 1 and sign.
- If you are married and live in a community property state, complete all sections including Section 2 and sign.
- If this is an application for joint credit with another person, complete all sections, using Section 2 for the co-applicant.

SECTION 1: APPLICANT INFORMATION

LAST NAME (PRINT)		FIRST	INITIAL	BIRTH DATE	DRIVERS LIC NO.	SOCIAL SECURITY NO.	
STREET ADDRESS					HOW LONG? YRS MOS	☐ RENT ☐ OWN ☐ OTHER	AMOUNT
CITY		STATE	ZIP	HOME PHONE			
EMPLOYER			PHONE	HOW LONG? YRS MOS	MANAGER		
EMPLOYER ADDRESS		CITY	STATE	ZIP	POSITION		
APPLICANT'S GROSS MONTHLY INCOME FROM EMPLOYMENT				INCOME TYPE: ☐ YTD PAY STUB ☐ OTHER		\$	
<i>Alimony, child support, or separate maintenance income do not need to be revealed if you do not wish to have it considered as a basis for repaying this obligation.</i>						\$	
ALIMONY, CHILD SUPPORT, SEPARATE MAINTENANCE RECEIVED UNDER ☐ COURT ORDER ☐ WRITTEN AGMT ☐ ORAL AGMT						\$	
UTILITY BILL OR CHECKING IN NAME ☐ YES ☐ NO COMPANY :				OTHER MONTHLY INCOMES		\$	
TOTAL GROSS MONTHLY INCOME						\$	

SECTION 2: SPOUSE OR CO-APPLICANT INFORMATION ☐ SPOUSE ☐ PARENT ☐ OTHER

LAST NAME (PRINT)		FIRST	INITIAL	BIRTH DATE	DRIVERS LIC NO.	SOCIAL SECURITY NO.	
STREET ADDRESS					HOW LONG? YRS MOS	☐ RENT ☐ OWN ☐ OTHER	AMOUNT
CITY		STATE	ZIP	HOME PHONE			
EMPLOYER			PHONE	HOW LONG? YRS MOS	MANAGER		
EMPLOYER ADDRESS		CITY	STATE	ZIP	POSITION		
UTILITY BILL OR CHECKING ACCOUN IN NAME ☐ YES ☐ NO COMPANY:				APPLICANT'S GROSS MONTHLY INCOME FROM EMPLOYMENT INCOME TYPE ☐ YTD PAY STUB ☐ OTHER		\$	
<i>Alimony, child support, or separate maintenance income do not need to be revealed if you do not wish to have it considered as a basis for repaying this obligation.</i>						\$	
ALIMONY, CHILD SUPPORT, SEPARATE MAINTENANCE RECEIVED UNDER ☐ COURT ORDER ☐ WRITTEN AGMT ☐ ORAL AGMT						\$	
OTHER MONTHLY INCOME SOURCES						\$	
TOTAL GROSS MONTHLY INCOME						\$	

I/we certify that the above information is complete and accurate. You, the Seller, are authorized to investigate my credit and employment history, including obtaining my credit report from any credit reporting agency of your choice. My/our authorization extends to affiliates of the Seller, including Assignees to whom the Seller may offer for purchase the installment credit contract being considered herein. I acknowledge that I have received a copy of this Credit Application.

Applicant Signature	Date
Co-Applicant Signature	Date