

CREDIT APPLICATION

Merchant Information

| | | |
|--------------|----------------|--|
| Merchant ID: | Merchant Name: | Send Documents to: Applicant <input type="checkbox"/> Agent <input type="checkbox"/> |
| Agent Name: | Agent Email: | Agent Phone: |

Financing Information

| | | |
|--------------------------------|-------------------------|-------------------|
| Product / Service Description: | Desired Repayment Term: | |
| Total Cost: | Down Payment: | Amount Requested: |

Applicant Information

| | | |
|--|--------------------------|-------------|
| Name (First, Middle, Last): | | |
| SSN: | Date of Birth: | |
| Citizenship Status: | Drivers License/ ID No: | ID State: |
| Current Address: | | |
| City: | State: | ZIP Code: |
| Own <input type="checkbox"/> Rent <input type="checkbox"/> | Monthly Payment or Rent: | How long? |
| E-Mail: | Home Phone: | Cell Phone: |

Applicant Employment Information

| | | |
|-------------------|-------------------------|----------------------------|
| Employer Name: | Employer Phone: | |
| Employer Address: | How long? | |
| City: | State: | ZIP Code: |
| Job Title: | Annual Salary: \$ | |
| Other Income: \$ | Source of Other Income: | Total Household Income: \$ |

Co-Signer Information (if applicable)

| | | |
|--|--------------------------|-------------|
| Name (First, Middle, Last): | | |
| SSN: | Date of Birth: | |
| Citizenship Status: | Drivers License/ ID No: | ID State: |
| Current Address: | | |
| City: | State: | ZIP Code: |
| Own <input type="checkbox"/> Rent <input type="checkbox"/> | Monthly Payment or Rent: | How long? |
| E-Mail: | Home Phone: | Cell Phone: |

Co-Signer Employment Information (if applicable)

| | | |
|-------------------|-------------------------|-----------|
| Employer Name: | Employer Phone: | |
| Employer Address: | How long? | |
| City: | State: | ZIP Code: |
| Job Title: | Annual Salary: \$ | |
| Other Income: \$ | Source of Other Income: | |

Applicant Reference Information

| | |
|------------------------|---------------|
| First Reference Name: | Relationship: |
| Phone: | E-Mail: |
| Second Reference Name: | Relationship: |
| Phone: | E-Mail: |

AUTHORIZATION TO INVESTIGATE CREDIT INFORMATION AND OBTAIN CREDIT REPORTS. I certify the information provided is complete, accurate, correct and true to the best of my knowledge. I authorize you to investigate my credit, employment, and income records and to verify my credit references. I authorize you to obtain credit reports in connection with this Application, in connection with any review, enhancement or collection of my account and for marketing purposes to you or any creditor to whom you assign this account. By signing this Application I authorize you and/or your agents to verify the accuracy of the information. I further understand that this Application is not a promise, acceptance, nor a commitment to extend credit to me but solely a request that credit be provided to me under the terms and conditions to be disclosed in the Retail Installment Contract which will be provided to me upon approval of my Application.

| | | |
|-----------------|----------------------|-------|
| Applicant Name: | Applicant Signature: | Date: |
|-----------------|----------------------|-------|