

CREDIT APPLICATION

Product Description _____

Dispenser Telephone (____) _____ Purchase Price _____

Dispenser Name _____ Down Payment _____

Date _____ Term _____ APR _____ Dispenser No. _____ Balance Financed _____

NOTICE TO APPLICANTS – YOU MAY APPLY FOR CREDIT IN YOUR NAME ALONE WITHOUT YOUR SPOUSE OR ANY OTHER PERSON REGARDLESS OF YOUR SEX OR MARITAL STATUS. THE FEDERAL EQUAL CREDIT OPPORTUNITY ACT PROHIBITS CREDITORS FROM DISCRIMINATING AGAINST: CREDIT APPLICANTS ON THE BASIS OF RACE, COLOR, RELIGION, NATIONAL ORIGIN, SEX, MARITAL STATUS, AGE (PROVIDED THE APPLICANT HAS THE CAPACITY TO ENTER INTO A BINDING CONTRACT), BECAUSE ALL OR PART OF THE APPLICANT’S INCOME DERIVES FROM ANY PUBLIC ASSISTANCE PROGRAM; OR BECAUSE THE APPLICANT HAS, IN GOOD FAITH, EXERCISED ANY RIGHT UNDER THE CONSUMER CREDIT PROTECTION ACT. THE FEDERAL AGENCY THAT ADMINISTERS OUR COMPLIANCE WITH THIS LAW IS THE FEDERAL TRADE COMMISSION EQUAL CREDIT OPPORTUNITY, WASHINGTON, DC 20580. YOU DO STATE AND REPRESENT THAT THE INFORMATION LISTED ON THIS APPLICATION IS TRUE AND COMPLETE. YOU AUTHORIZE US AND/OR ANY PROPOSED ASSIGNED TO VERIFY YOUR CREDIT STANDING AND EMPLOYMENT AS DEEMED NECESSARY.

APPLICANT INFORMATION

First Name	Initial	Last	Birthdate	No. Dependents	Social Security No.	<input type="checkbox"/> Own
						<input type="checkbox"/> Rent
						<input type="checkbox"/> Board
Present Address (Number & Street)					Home Telephone ()	
City	State	Zip	How Long	Cell Telephone ()	E-Mail	
Drivers License No.					State Issued	
Name & Address Zip of Current Landlord or Mortgagee			Street	City	State	Rent or Mrtg. Pmt \$

EMPLOYMENT

Applicant’s Employer and Address (if military list branch, serial no. and station)

Occupation	How Long	Net Salary \$ mo	Other income (indicate source on reverse) \$	Business Telephone Ext. _____ Dept. _____
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CO-APPLICANT INFORMATION (IF APPLICABLE)

First Name	Initial	Last	Relationship to Applicant	Address	City	State	Zip	How Long
Employer	Business Address			City	State	Business Telephone		Net Salary
		Zip				Ext. _____	Dept. _____	\$
Occupation	Social Security No.		Birthdate	Cell Telephone		E-mail Address		

Name and Address of Two Nearest Relatives

1. First Name	Last	Address	Telephone
2.			

Applicant _____	Witness _____	Date _____
Applicant _____	Witness _____	Date _____