

CREDIT APPLICATION AND AGREEMENT FORM

Applicant Name: _____

Social Security Number / Tax ID: _____

Date of Birth: _____ Phone Number: _____

Email Address: _____

Current Address:

Street: _____

City: _____ State: _____ Zip Code: _____

Own or Rent: _____ Monthly Payment: _____

Employment Information:

Employer Name: _____

Employer Address: _____

Position/Title: _____ Years Employed: _____

Work Phone: _____

Financial Information:

Monthly Income (Gross): _____

Monthly Expenses: _____

Total Monthly Debt Payments: _____

Checking Account Balance: _____

Savings Account Balance: _____

Credit References:

Reference 1 Name: _____

Reference 1 Phone: _____

Reference 2 Name: _____

Reference 2 Phone: _____

Authorization and Agreement:

I hereby authorize the Lender or its agents to investigate my credit history, employment, income, bank accounts, and any other information relevant to this credit application. I certify that all information provided in this application is true, complete, and correct to the best of my knowledge. I understand that any false statements may result in denial of credit or immediate termination of any credit granted. This application and any resulting credit agreement shall be governed by the laws of the United States and the applicable state law.

Signature and Date:

Applicant Signature: _____

Date: _____

APPLICANT'S SIGNATURE

AUTHORIZED REPRESENTATIVE

Signature: _____

Signature: _____

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