

APPLICATION FOR CREDIT



JOINT CREDIT
 INDIVIDUAL CREDIT

Please complete all appropriate sections, providing at least two years residence and employment history. (If additional space is needed, please use back of this application.)

READ TO APPLICANT: "If married, you have the right to apply for credit separately from or jointly with your spouse."

Purpose: _____			Amount Requested \$ _____			Source: _____			PLEASE PRINT	
APPLICANT: Name (Last, First, Middle)							Social Security No.		Date of Birth	
Residence Address: (Street, City, State, Zip)									How Long? Yrs.	
Mailing Address: (if different from Residence Address)					Home Phone No.		Cell Phone No.			
Previous Address: (if less than 2 years)					How Long? Yrs.		No. Dependents			
<input type="checkbox"/> Buy <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other		Landlord or Mortgage Holder		Mortgage or Rent Payment \$ /Mo.		Purchase Price of Property \$		Estimated Home Value \$		1 st Mort. Balance \$
Employer's Name and Address						Occupation			Employment Date	
Work Phone No. Ext.		Monthly Income From Employer GROSS: \$ NET: \$			Previous Employer			Employment Date		
All Other Monthly Income* GROSS: \$		Source(s) of Other Income				Total Monthly Income GROSS: \$ NET: \$				
*OTHER INCOME: (Read to applicant: "Income from alimony, child support, or separate maintenance need not be revealed if you do not choose to rely on such income in applying for credit.")						Have you taken bankruptcy within the last 7 years? <input type="checkbox"/> No <input type="checkbox"/> Yes (If Yes, indicate year taken)				
Bank Reference: Name		Address			<input type="checkbox"/> Checking <input type="checkbox"/> Loan <input type="checkbox"/> Saving <input type="checkbox"/> Other.					
Personal Reference (Relative or Friend) Name				Address			Phone No.			
Are you a co-maker or endorser on a note? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, to whom _____					Are you obligated to pay alimony, child support, etc.? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, Amount \$ _____					
Auto Yr / Model			Financed By			<input type="checkbox"/> Applicant <input type="checkbox"/> Co-applicant				
Auto Yr / Model			Financed By			<input type="checkbox"/> Applicant <input type="checkbox"/> Co-applicant				
CO-APPLICANT: Name (Last, First, Middle)							Social Security No.		Date of Birth	
Residence Address: (Street, City, State, Zip)									How Long? Yrs.	
Home Phone No.		Cell Phone No.		No. Dependents		<input type="checkbox"/> Buy <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other		Rent or Payment \$ /Mo.		
Employer's Name and Address						Occupation			Employment Date	
Work Phone No. Ext.		Monthly Income From Employer GROSS: \$ NET: \$			Previous Employer			Employment Date		
All Other Monthly Income* GROSS: \$		Source(s) of Other Income				Total Monthly Income GROSS: \$ NET: \$				
*OTHER INCOME: (Read to applicant: "Income from alimony, child support, or separate maintenance need not be revealed if you do not choose to rely on such income in applying for credit.")						Have you taken bankruptcy within the last 7 years? <input type="checkbox"/> No <input type="checkbox"/> Yes (If Yes, indicate year taken)				
Bank Reference: Name		Address			<input type="checkbox"/> Checking <input type="checkbox"/> Loan <input type="checkbox"/> Saving <input type="checkbox"/> Other.					
Personal Reference (Relative or Friend) Name				Address			Phone No.			
Are you a co-maker or endorser on a note? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, to whom _____					Are you obligated to pay alimony, child support, etc.? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, Amount \$ _____					

I/We the undersigned Applicant(s) for credit do hereby affirm that the information contained in this application is true and correct in all respects and I/we understand that it will be relied upon by Lendmark Financial Services, LLC, its subsidiaries and affiliates ("Lendmark"), and any seller of goods who may be assigning a retail installment sales contract to Lendmark ("Seller"), in making the decision to extend credit to me/us. I/we authorize Lendmark and Seller, if applicable, to make whatever inquiries they deem necessary to verify the information contained in this application, including, but not limited to, obtaining my/our personal credit reports. I/we authorize any person or credit reporting agency to provide any information that they may have about me/us in response to such inquiries and agree that such information, together with this application, shall be the property of Lendmark and Seller, as applicable, whether or not credit is extended. I/we consent to Lendmark calling or sending me/us a text message at any phone number(s) listed in this application, or such other phone number(s) as I/we may later provide. This consent shall include making calls using an automatic telephone dialing system or an artificial or prerecorded voice message.

Driver's License No. and State (or State I.D. No.) _____
 Other Qualifying I.D. _____

Applicant's Signature _____ Date _____
 Co-applicant's Signature _____ Date _____