



# CUSTOMER APPLICATION FORM

Please complete the information below and take to the next available Customer Service Representative.

## Customer Information

Name		Social Security Number	
Street Address		City	State <span style="float:right">Zip</span>
Home Phone (please do not use for cell phone)	Cell Phone		Do you own your home or apartment? ____ Yes ____ No
ID Type / ID #	State Issued By	Expires	Email Address
Are you currently in bankruptcy?	If yes, what chapter?	Date Filed	Date Discharged
Birth Date			

## Employer / Income Information

Employer Name		Work Phone / Extension	Position / Occupation	
Gross Monthly Income	Pay Cycle ____ Weekly ____ Every Two Weeks ____ Monthly	Day of Week Paid	Date Last Paid	
Hire Date	Do you receive direct deposit? ____ Yes ____ No			

## Additional Income\*

Second Employer, Government or Other	Phone Number	Amount Received
Is This Payment Directly Deposited? ____ Yes ____ No	Frequency of Payment	Other Information

\*Alimony, child support, or separate income need not be revealed if you do not wish to have it considered as part of your application.

## Reference Information

Reference Name	Relationship	City, State	Phone Number
Reference Name	Relationship	City, State	Phone Number

## Co-Applicant Information

Co-Applicant Name		Employer	Work Phone / Extension	Cell Phone
Gross Monthly Income	Pay Cycle ____ Weekly ____ Every Two Weeks ____ Monthly	Day of Week Paid	Date Last Paid	
Hire Date	Do you receive direct deposit? ____ Yes ____ No	Social Security Number		

"I agree that Check City and its representatives may contact any person listed above and/or any relatives, employers, or persons listed on this application in order to obtain information and to discuss any debts which I owe Check City. I hereby authorize Check City to obtain any credit information necessary to process and underwrite this loan application. I agree and understand that I am personally responsible to Check City for any check I present for payment that is returned unpaid by my depository institution for any reason. In case it is necessary that Check City hires an attorney to collect any debts I may owe to Check City, I promise to pay attorney fees, court costs, statutory fees, and reasonable compensation or other damages Check City is entitled to by law. The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, gender, marital status or if you receive public assistance. The federal agency which administers compliance with this law concerning this business is the Federal Trade Commission, Washington D.C., 20580. I understand that a delinquent notice may be reported to credit bureaus if I fail to fulfill the terms of my credit obligations. I affirm that I received a copy of the company's privacy policy. I certify that all the information I provided on this application is true and correct."

Applicant Signature

Co-Applicant Signature (If Applicable)

Date