

#1STCLASSDEALS

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CREDIT APPLICATION

PLEASE CHECK: MAIN APPLICATION _____ CO-APPLICATION _____

CO-SIGNER NAME IF APPLICABLE: _____

PERSONAL INFORMATION

FIRST NAME: _____ LAST NAME: _____

SOCIAL SECURITY: _____ DOB: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

OCCUPANCY TYPE: OWN, RENT, FINANCE, OTHER _____

MORTGAGE/ LIEN HOLDER: _____ MORTGAGE/RENT SUM MONTHLY: _____

YEARS AT ADDRESS: _____ EMAIL ADDRESS: _____

HOME PHONE NUMBER: _____ CELL PHONE NUMBER: _____

EMPLOYMENT INFORMATION

EMPLOYER NAME: _____ JOB TITLE: _____

ANNUAL INCOME: _____

WORK ADDRESS: _____

WORK PHONE: _____ E-MAIL ADDRESS: _____

LENGTH OF TIME AT OCCUPATION: YEARS _____ MONTHS _____

*I CERTIFY THAT THE FOLLOWING INFORMATION IS VALID AND UP TO DATE; I PERMIT MY APPLICATION TO BE PROCESSED AND EVALUATED.

SIGN x _____ PRINT x _____ DATE _____