

CREDIT APPLICATION

IMPORTANT: Read these Directions before completing this Application.

EQUAL CREDIT OPPORTUNITY ACT NOTICE GIVEN

MAIL HAND DELIVERED

ADVISE APPLICANT OF ACTION TAKEN ORALLY:

TELEPHONE IN PERSON

Check Appropriate Box

If you are applying for individual credit in your own name and are relying on your own income or assets and not the income or assets of another person as the basis for repayment of the credit requested, complete only Sections A and D. If the requested credit is to be secured, also complete the first part of Section C.

If you are applying for joint credit with another person, complete all Sections providing information in B about the joint applicant.

If you are applying for individual credit, but are relying on Income from alimony, child support, or separate maintenance or on the income or assets of another person as the basis for repayment of the credit requested, complete all Sections to the extent possible, providing information in B about the person on whose alimony, support, or maintenance payments or income or assets you are relying.

SECTION A. APPLICANT INFORMATION

Application Updated By: _____

Date _____		Amount App. For	Purpose		
Source <input type="checkbox"/> NC <input type="checkbox"/> SIGN <input type="checkbox"/> REC <input type="checkbox"/> ADV <input type="checkbox"/> CONV <input type="checkbox"/> REN <input type="checkbox"/> FB					
*IDENTIFY NAME		AGE	D.O.B.	NO. OF DEP.	
ADD.		CITY	ZIP CODE	R B O	MO. YR. PHONE
How long in City	RENT <input type="checkbox"/> BUY <input type="checkbox"/> OTHER <input type="checkbox"/>	Rent or Mort. Pmt \$	Bal. of Mort. \$	LANDLORD OR MORTGAGE HOLDER	
PREV. ADD (Report Past 3 Years)		HOW LONG	PREV.	HOW LONG	
EMPL.		OCCUPATION	DATE OF EMP.	MO.	YR.
EMPL. ADD.		PH.	EXT.	NET SAL.	DATE PD
PREV. EMP. (Report Past 3 Years)		HOW LONG	PREV. EMPLOYER (Report Past 3 Years)	HOW LONG	
SOCIAL SECURITY #		DRIVER'S LICENSE #	OTHER INCOME		

SECTION B. JOINT APPLICANT OR OTHER PARTY INFORMATION

NAME		AGE	D.O.B.	NO. OF DEP.	
ADD.		CITY	ZIP CODE	R B O	MO. YR. PHONE
How long in City	RENT <input type="checkbox"/> BUY <input type="checkbox"/> OTHER <input type="checkbox"/>	Rent or Mort. Pmt \$	Bal. of Mort. \$	LANDLORD OR MORTGAGE HOLDER	
PREV. ADD (Report Past 3 Years)		HOW LONG	PREV.	HOW LONG	
EMPL.		OCCUPATION	DATE OF EMP.	MO.	YR.
EMPL. ADD.		PH.	EXT.	NET SAL.	DATE PD
PREV. EMP. (Report Past 3 Years)		HOW LONG	PREV. EMPLOYER (Report Past 3 Years)	HOW LONG	
SOCIAL SECURITY #		DRIVER'S LICENSE #	OTHER INCOME		

SECTION C. MARITAL STATUS

(DO NOT COMPLETE IF THIS IS AN APPLICATION FOR INDIVIDUAL UNSECURED CREDIT)

APPLICANT: Married Separated Unmarried (including single, divorced and widowed)

OTHER PARTY: Married Separated Unmarried (including single, divorced and widowed)

YR.	MAKE	BODY	1ST LIEN HOLDER	BALANCE	PAYMENT
YR.	MAKE	BODY	1ST LIEN HOLDER	BALANCE	PAYMENT

SECTION D. ASSET AND DEBT INFORMATION

(If Section B has been completed this Section should be completed giving information about both the applicant and joint applicant or other person. Please mark applicant related information with an "A". If Section B was not completed only give information about the applicant in this Section.)

ASSETS OWNED (Use separate form if necessary.)

OUTSTANDING DEBTS (Include charge accounts, installment contracts, credit cards, etc. Include at least 3 credit references. Use separate sheet if necessary.)

NAME OF CREDITOR	BALANCE DUE	MO. PYMT.	NAME OF CREDITOR	BALANCE DUE	MO. PYMT.
SEE CUSTOMER DEBT LIST <input type="checkbox"/>					

REFERENCE	ADD.	PH.
REFERENCE	ADD.	PH.
REFERENCE	ADD.	PH.

SECTION E. SECURED CREDIT (Complete only if credit is to be secured.)

BRIEFLY DESCRIBE ANY ADDITIONAL ASSETS THAT CAN BE USED AS SECURITY: _____

LIST NAMES AND ADDRESSES OF ALL CO-OWNERS OF THE ASSETS LISTED ABOVE:
NAME _____ ADDRESS _____

IF THE SECURITY IS REAL ESTATE, GIVE THE FULL NAME OF YOUR SPOUSE (IF ANY): _____

I/We hereby certify that the foregoing statements are true and complete and are made for the purpose of determining my/our eligibility for credit. I/We agree that this statement shall remain your property, whether or not the application is accepted. You are authorized to make all inquiries you deem necessary to verify the accuracy of the statements made herein, and to determine my/our credit worthiness, including, but not limited to, procuring consumer reports from consumer reporting agencies and credit information from banks and other financial institutions and extenders of credit, references, present and former employers, merchants, landlords and creditors. Each applicant consents that, upon denial of the application based upon a consumer report or information received from a person other than a consumer reporting agency on any applicant creditor may make appropriate Fair Credit Reporting Act disclosures to applicants.

YOU MAY CONTACT AND INQUIRE OF MY REFERENCES, CREDITORS, MY EMPLOYERS, PRESENT AND FUTURE, AND VISIT AND/OR TELEPHONE MY HOME CONCERNING CREDIT AND COLLECTION, EITHER BEFORE OR AFTER THE LOAN IS MADE. I CERTIFY NO ONE HAS SUGGESTED THAT I OMIT ANY OF MY INDEBTEDNESS FROM THIS STATEMENT TO THE EXTENT PERMITTED BY THE LOUISIANA CONSUMER CREDIT LAW. I HEREBY WAIVE ANY PRIVILEGED COMMUNICATIONS I MAY HAVE WITH ANY AND ALL PERSONS NAMED.

SIGNATURE OF APPLICANT _____ DATE _____ SIGNATURE OF APPLICANT _____ DATE _____

THE FEDERAL EQUAL CREDIT OPPORTUNITY ACT PROHIBITS CREDIT DISCRIMINATION ON THE BASIS OF RACE, COLOR, RELIGION, NATIONAL ORIGIN, SEX, MARITAL STATUS, AGE (PROVIDED THAT A PERSON HAS THE CAPACITY TO ENTER INTO A BINDING CONTRACT: BECAUSE ALL OR PART OF A PERSON'S INCOME DERIVES FROM ANY PUBLIC ASSISTANCE PROGRAM; OR BECAUSE A PERSON IN GOOD FAITH HAS EXERCISED ANY RIGHT UNDER THE FEDERAL CONSUMER CREDIT PROTECTION ACT. THE FEDERAL AGENCY WHICH ADMINISTERS COMPLIANCE WITH THIS LAW CONCERNING THIS COMPANY IS THE FEDERAL TRADE COMMISSION, WASHINGTON, D.C. 20219.