

Loan Application Form

INSTRUCTIONS: This is actual loan application; by submitting this application you give us permission to run your credit report and verify your information. Please complete both pages of this form to the best of your ability. If your application is incomplete it will cause a delay or be rejected. When done, please fax both pages to **(877) 788-0711**.

Contact Information

First Name: _____ Last Name: _____
Date of Birth: ____/____/____ Social Security Number: ____-____-____
Daytime Phone () _____ Alternate Phone () _____
Email Address: _____ Home Address: _____
City: _____ State: _____ Zip: _____ How long at this address? ____ Years ____ Months
Own Rent Monthly Mortgage/Rental Payment: \$ _____ Mortgage/Landlord Name: _____
Married Single Number of Dependants: # _____

Case Information

Type of Case: _____ Financing Amount Requested: \$ _____
Referring Attorney: _____ Prior Criminal Record? Yes No (if Yes please
provide description in comments sections): _____

Current Employer

Employer Name: _____ Employer Phone # () _____
How long at this job? ____ Yrs ____ Months Position? _____

Current Income Verification

Gross monthly income from job: \$ _____ Monthly Income from other sources: \$ _____
Source of other Income _____ Do you have a Co-signer if needed? Yes No

3 References (Relatives) Not Living with You

Name: _____ Number: _____ City: _____ Relation: _____
Name: _____ Number: _____ City: _____ Relation: _____
Name: _____ Number: _____ City: _____ Relation: _____

Date: _____ Applicants Signature: _____

Application Credit Card Authorization form

There is a non-refundable application fee of **\$19.95** that needs to be charge upon the receipt of your application. Please complete this section in order to process your application in a timely manner. This form needs to attach with your Loan Application.

Fill in blanks as appropriate.

CHARGE MY CREDIT/DEBIT CARD for \$ _____				
Card Type: Visa	MC	Amex	Discover	(check one)
Name of person on Card: _____				
Number on Card: _____		Security Code: _____		
Expiration Date: _____ / _____				
Card Billing address (if different from address on the Loan Application): _____ Street Address _____ City State Zip Code				

Authorize Signature

Date

PLEASE COMPLETE FORM AND FAX IT TO:

1(877) 788 - 0711