

**CREDIT APPLICATION**

**PERSONAL INFORMATION**

Individual or  
Company Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Social Security #/ Federal Tax ID # \_\_\_\_\_ Home/Cell Phone # (\_\_\_\_) \_\_\_\_\_

Mailing Address \_\_\_\_\_ Home Address \_\_\_\_\_

Spouse or Partners Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Social Security #/ Federal Tax ID # \_\_\_\_\_ Home/Cell Phone # (\_\_\_\_) \_\_\_\_\_

Mailing Address \_\_\_\_\_ Home Address \_\_\_\_\_

Name of Nearest Relative \_\_\_\_\_ Home/Cell Phone Number (\_\_\_\_) \_\_\_\_\_

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**EMPLOYMENT**

Current Employer \_\_\_\_\_ Address \_\_\_\_\_

Length of Employment \_\_\_\_\_ Work Phone Number (\_\_\_\_) \_\_\_\_\_

Previous Employer \_\_\_\_\_ Address \_\_\_\_\_

Length of Employment \_\_\_\_\_ Work Phone Number (\_\_\_\_) \_\_\_\_\_

Spouse /Partner Employer \_\_\_\_\_ Address \_\_\_\_\_

Length of Employment \_\_\_\_\_ Work Phone Number (\_\_\_\_) \_\_\_\_\_

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**FINANCIAL INFORMATION**

Name of Financial Institution (Bank) \_\_\_\_\_

Address of Financial Institution (Bank) \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_

Type of Accounts: Checking-Account No. \_\_\_\_\_ Savings-Account No. \_\_\_\_\_

Single or Joint Yes or No (circle one)

Single or Joint Yes or No (circle one)

**CREDIT REFERENCES**

Name \_\_\_\_\_ Account No. \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Account No. \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

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**CREDIT REQUESTED**

Purpose of Requested Credit: \_\_\_\_\_

Anticipated Maximum Charges Per Month: \$\_\_\_\_\_ Credit Limit Desired: \$\_\_\_\_\_

*The undersigned Applicant(s) hereby submit(s) the above information as being true and correct. Applicant(s) authorize(s) the above named creditor to make inquiries necessary to verify the accuracy of any of the statements contained herein and consent(s) and direct(s) that the person(s) named above are authorized to report to such creditor, which is similarly authorized to report to other agencies or businesses regarding applicant(s) credit experience.*

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Applicant's Spouse/Partner

Date \_\_\_\_\_

Date \_\_\_\_\_

>>Complete if you wish credit to be reported in the name of both spouses/partners of if you rely upon spouse/partner's income.