

Merchant Name \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Date of Application \_\_\_\_/\_\_\_\_/\_\_\_\_ Amount Requested \$ \_\_\_\_\_ Down Payment (if any) \$ \_\_\_\_\_

Merchandise Financed \_\_\_\_\_ Decision Power Tracking Number \_\_\_\_\_



### APPLICATION

APPLICANT - Please read the following before completing this form: (1) Applicant represents that the information given in this application is complete and accurate and authorizes us to check with credit reporting agencies, credit references and other sources disclosed herein in investigating the information given. (2) Married applicants may apply for an individual account. I am applying for ( ) INDIVIDUAL CREDIT ( ) JOINT CREDIT or ( ) INDIVIDUAL CREDIT but relying on income or assets of another person as a basis for repaying the credit requested.

Name (First, Middle, Last, Suffix)		Social Security Number		Date of Birth	Drivers License Number	Drivers License State
Home Phone Number		Cell Phone Number		E-mail Address		
Present Street Address				City, State, Zip		How Long?
Present Mailing Address (if different from Street Address)				City, State, Zip		
Purchase <input type="checkbox"/> Buying Home <input type="checkbox"/> Buying Mobile Home/Rent Lot/Land <input type="checkbox"/> Buying Mobile Home with No Land <input type="checkbox"/> Buying Mobile Home/Own Land		Homeowner <input type="checkbox"/> Own Home <input type="checkbox"/> Own Mobile Home/No Land		Non-Homeowner <input type="checkbox"/> Lease Home With Option To Buy <input type="checkbox"/> Rent Home <input type="checkbox"/> Rent Apartment <input type="checkbox"/> Rent Mobile Home/Land <input type="checkbox"/> Live with Relatives <input type="checkbox"/> Other		
Payments per Month \$		Payments per Month \$		Payments per Month \$		
Landlord/Mortgage Company		Landlord/Mortgage Company Phone #		Purchase Price	Balance Owning	Current Value
Down Payment						
Previous Address (if current address is less than 2 years)				City, State, Zip		
Employer Name and Address						
Phone Number		Position		Date of Employment	Gross Monthly Income	Net Monthly Income
Pay Days						
Previous Employer Name and Address (if current employment less than 2 years)						
Phone Number		Position		Date of Employment	Gross Monthly Income	Net Monthly Income
Pay Days						
Have you ever had an account with 1st Franklin Financial? <input type="checkbox"/> Yes If Yes, please indicate date <input type="checkbox"/> No of loan ____/____/____		Do you owe other Finance Companies? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you ever had for bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No		Marital Status - need not be disclosed if applying for individual credit <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Separated
Credit Reference		Bank Reference				
		Bank Name: _____				
		<input type="checkbox"/> Checking Account # _____				
		<input type="checkbox"/> Savings Account # _____				
Nearest Relative			Address (Street, City, State, Zip)			Phone Number
Nearest Relative			Address (Street, City, State, Zip)			Phone Number
Name (First, Middle, Last, Suffix)		Social Security Number		Date of Birth	Home Phone Number	
Cell Phone Number		Drivers License #		Drivers License State	E-mail Address	
Present Street Address (if different from above)				City, State, Zip		How long?
Employer Name and Address						
Phone Number		Position		Date of Employment	Gross Monthly Income	Net Monthly Income
Pay Days						
PLEASE SIGN						
Applicant's Signature _____			Date ____/____/____			Applicant's Signature _____
			Date ____/____/____			

If a third party (example - employer or creditor) requires proof of authorization please cut at line and fax lower part to the third party.

The information I have stated in my credit application is complete and correct, and no material debts have been omitted. I hereby authorize you to obtain, verify or confirm any information about me, or my credit and employment history, from credit reporting agencies, directly from my creditors, my landlord or other businesses or individuals, as well as my current or former employers. I consent to such persons or entities providing such information to you.

Applicant's Name Printed \_\_\_\_\_ Applicant's Signature \_\_\_\_\_

Co-Applicant's Name Printed \_\_\_\_\_ Co-Applicant's Signature \_\_\_\_\_