



APPLICATION

When you need us *the most* we'll be there!TM

P E R S O N A L	Soc. Sec #	NAME (Last)		(First)	(Middle)	Home Phone ()	
	Street Address			Apt. No.	City	State	Zip
	How long here (yrs/mos) <input type="checkbox"/> Own <input type="checkbox"/> Rent					Work Phone ()	Date of Birth
	Prev Address (if less than 2 yrs at above)					Drivers Lic #	
Spouse information is optional and should be completed only if the creditor is to consider the spouse's income							
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated		Spouse's Name		Spouse's Soc. Sec #		Spouse's Date of Birth	
Street Address (if different)				Home Phone (if different)			

F I N A N C I A L	Name of Bank		Checking Account #		Joint Account? <input type="checkbox"/> Yes <input type="checkbox"/> No	Any wage garnishments? <input type="checkbox"/> Yes <input type="checkbox"/> No	Any Direct Deposits? <input type="checkbox"/> Yes <input type="checkbox"/> No Amount:	
	Employer (or source of income)			Take Home Pay	Time in Job	Paid	Next Payday	
	Title		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Supervisor's Name		Ever filed bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Work Hours		Phone ()		Discharge Date		In bankruptcy now? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Previous Employer (if less than 1 yr at above)			Car: Make	Model	Tag #	State	
			Year	Color				
Spouse's Employer (or source of income)			Take Home Pay	Time in Job	Paid	Spouse's Next Payday		
					<input type="checkbox"/> Once a Week <input type="checkbox"/> Once a Month <input type="checkbox"/> Twice a Month <input type="checkbox"/> Every			

REFERENCES

Name	Address	City, State, Zip	Phone ()	Relationship
1 (nearest relative)				
2				

Have you or anyone in your household done business with Direct Check before? Yes No

If YES, list all Direct Check offices with which you have done business:

How did you hear about us?	<input type="checkbox"/> TV	<input type="checkbox"/> Mail	<input type="checkbox"/> On Site Signs
	<input type="checkbox"/> Radio	<input type="checkbox"/> Flyer /Handout	<input type="checkbox"/> Customer or friend
	<input type="checkbox"/> Newspaper	<input type="checkbox"/> Yellow Pages	<input type="checkbox"/> Other (please explain)

Please Read Before Signing: I certify that the information supplied by me is true and correct. I authorize Direct Check to contact any person or firm listed above to verify this information, and I fully release all parties from any and all liability for any damage that may result. I have read and understand the above statements. I acknowledge that this application and any supporting documentation provided with it is the property of Direct Check.

Signature _____ Date _____