

PEOPLE'S CREDIT COMPANY / INSTANT LOAN FINANCE **CREDIT APPLICATION** **SALEM • PORTLAND GRESHAM**

Check One **YOU MUST COMPLETE A SEPARATE FORM FOR MAKER AND COMAKER** Version: 10/2000

MAKER	COMAKER	Please Print _____	DATE: _____	SOURCE: _____
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Name _____ Birth Date: _____
Last First Middle

Address: _____
Number Street Apt. # E-mail Address

City State Zip Phone #: () _____

Cell#: () _____ Pgr #: () _____ **IS PHONE IN HOME?** YES NO

Soc Sec #: _____ Drivers License #: _____

RESIDENCE, HOW LONG? YRS ____ MO ____	BUY	RENT	MONTHLY PAYMENTS: \$ _____	No in Family ____	No Working ____
HOW LONG HAVE YOU LIVED IN THE COMMUNITY? YRS ____ MO ____					

LANDLORD/MTG. HOLDER: _____ **Phone #:** () _____

MUST HAVE 36 MONTHS MINIMUM RESIDENT HISTORY

Prev Address: _____ How Long? _____

Prev Address: _____ How Long? _____

MUST HAVE 36 MONTHS MINIMUM EMPLOYMENT HISTORY

EMPLOYER NAME: _____ **Phone #:** () _____

Employer Address: _____ How Long: _____ Yrs _____ Mos

Job Title: _____ Salary or Wage \$ _____ Monthly Take Home Pay \$ _____ Paydays: _____

SECONDARY INCOME: _____

Employer Address: _____

Job Title: _____ Salary or Wage \$ _____ Monthly Take Home Pay \$ _____ Paydays: _____

PREV EMPLOYER: _____ City _____ **Phone** _____ **From:** _____ **To:** _____

PREV EMPLOYER: _____ City _____ **Phone** _____ **From:** _____ **To:** _____

REFERENCES

RELATIONSHIP	NAME	ADDRESS/CITY/STATE/ZIP	PHONE #
Applicant's Father			
Applicant's Mother			
Appl. Brother or Sister			
Appl. Brother or Sister			
Other Relatives			
Other Relatives			

DEBT INFORMATION

TYPE OF CREDIT	LIST ALL OBLIGATIONS	NAME OF COMPANY	NAME IN WHICH ACCOUNT CARRIED	ADDRESS	<input type="checkbox"/> Open <input type="checkbox"/> Closed	BALANCE	HIGH	MONTHLY PAYMENT OR DATE CLOSED
					<input type="checkbox"/> Open <input type="checkbox"/> Closed	\$	\$	\$
					<input type="checkbox"/> Open <input type="checkbox"/> Closed	\$	\$	\$
					<input type="checkbox"/> Open <input type="checkbox"/> Closed	\$	\$	\$

HAVE YOU EVER HAD ANY PROPERTY REPOSSESSED?	<input type="checkbox"/> YES <input type="checkbox"/> NO	DO YOU HAVE ANY SUITS PENDING AGAINST YOU?	<input type="checkbox"/> YES <input type="checkbox"/> NO	HAVE YOU FILED BANKRUPTCY IN THE LAST 10 YEARS	<input type="checkbox"/> YES <input type="checkbox"/> NO	HAVE YOU, OR ARE YOU, CONSIDERING A FUTURE BANKRUPTCY?	<input type="checkbox"/> YES <input type="checkbox"/> NO
BANK REFERENCE ADDRESS	<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	ACCOUNT NUMBER	ACCOUNT NUMBER	BALANCE \$	BALANCE \$		

CAR DRIVING NOW: MAKE MODEL YEAR

CASH DOWN NOW \$: _____ Clear Title: Yes No

TRADE DESCRIPTION: _____ Pay Off Amount \$ _____

Leinholder: _____ Phone: _____

Please explain the reasons for any prior credit problems: _____

I certify that the information stated in this application is true, correct to the best of my knowledge, and a complete statement of my financial condition. I understand that this application will be kept whether or not it is approved. You and any subsequent creditor are authorized to check my credit and employment history, to answer questions about your credit experience with me and to disclose credit information to each other.

Signature of Applicant _____ Date _____