

# CONSUMER (START UP BIZ) CREDIT

## Name/Address

Name		Social Security Number	
Address:			
City:	State:	ZIP:	Phone:      Work:
Own    Rent    (Please circle)	Monthly payment or rent	How long?	
<b>Previous Address:</b>			
City:	State:	ZIP:	Phone:      Work:
Owned   Rented   (Please circle)	Monthly payment or rent	How long?	

## Employment History

Employer:	Job Title:
Address:	Supervisor:
City:	State:    ZIP:      Salary:
Phone:	Date From:                      Date To:
Employer:	Job Title:
Address:	Supervisor:
City:	State:    ZIP:      Salary:
Phone:	Date From:                      Date To:

## Source of Income

Source of Income	Total	Expenses	Total
Salary		Loans	
Bonuses & Commissions		Charge Account bills	
Income From Rental Property		Monthly Bills	
Investment Income		Real Estate Mortgages	
Other Income		Other Debts -- Itemize	
<b>Total Income</b>		<b>Total Expenses</b>	

## Bank References

Institution Name:	Institution Name:	Institution Name:
Checking Account #	Savings Account #	Loan #      Loan Balance:
Address:	Address:	Address:
Phone:	Phone:	Phone:

## Credit Cards

Name:	Account No.	Current Balance
Name:	Account No.	Current Balance
Name:	Account No.	Current Balance

## BANKRUPTCY:

Have you gone bankrupt in the last five years? ( ) Yes ( ) No If yes, give date of assignment: \_\_\_\_\_

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date