



6787 South Clinton Street, Suite B  
 Greenwood Village, CO 80112  
 P 303.708.8566 :: F 303.708.8573

# Customer Application

## Personal

Must be 18 years old to apply. Please complete fully.  
 Initial any changes.

Social Security #	
Last Name	First Name Middle Name (Optional)
Home Phone # ( )	Street Address Apt. #
Zip City	State
Months At Address	Own Your Home? ? Yes ? No
Alternate Contact Phone (Alternate number where we can leave message for y)	
Driver's License # (other identification # if no driver's license #)	State Date Of Birth
Current Bankruptcy Or Do You Plan To File Within The Next 30 Days? ? Yes ? No	

## Employment\*

? Full-time Employed	Part-time Employed	Other
Employer (or income source)		
Work Phone # ( )	Ext.	
Months At Job		
Pay Frequency? Every Two Weeks ? Monthly ? Twice Monthly ? Weekly (For example: 1st & 15th of each month)		
Next Pay Date	Gross Income Yearly	
Job Title (If applicable)	Work Hours (Shift)	
Supervisor Name		
Previous Employer (if under 12 months at current employer)		

## Additional Income\*

(If applicable)

Full-time Employed	Part-time Employed	Other
Employer (or income source)		
Work Phone # ( )	Ext.	
Months At Job		
Pay Frequency? Every Two Weeks ? Monthly ? Twice Monthly ? Weekly (For example: 1st & 15th of each month)		
Next Pay Date	Gross Income Yearly	
Job Title (If applicable)	Work Hours (Shift)	
Supervisor Name		

\*Income from alimony, child support or separate maintenance payments need not be revealed if you do not wish to have it considered as part of your application.

## Vehicle

(If applicable)

Car Make	Car Model
Year	Color
Tag /License #	State

## References/Additional Contacts

1. Name (Parent or nearest relative not living with you.)	Relationship
Phone # ( )	
2. Name	Relationship
Phone # ( )	
3. Name	Relationship
Phone # ( )	

**Please Read Before Signing:** I certify that the information supplied by me is true and correct. I authorize verification of the truthfulness of all information contained herein, including verification of income and banking information. I expressly authorize contact with any person or company identified above to verify any of the above information or to leave a message for me. Any false state- ment made by me shall be sufficient basis for rejection. I have read and understand the above statements. I acknowledge that this application and any supporting documentation provided with it is the property of Advance America.

**Ohio Residents:** The Ohio laws against discrimination require that all creditors make credit equally available to all creditworthy customers, and that credit-reporting agencies maintain separate credit histories on each individual upon request. The Ohio Civil Rights Commission administers compliance with this law. **California Residents:** As required by law, you are hereby notified that a negative credit report reflecting on your credit record may be submitted to a credit-reporting agency if you fail to fulfill the terms of your credit obligations.

I understand that THE COMPANY will not perform a lengthy credit check on me, but may perform a search in the Tele-Track database. The Tele-Track database is a national database of con- sumers who have a record of transactions with certain sub-prime lending institutions. I agree to and authorize such a search and credit analysis.

I understand that upon approval of my application I will be required to sign a Waiver of Jury Trial and Arbitration Provision. By signing below, I acknowledge and agree that the Waiver of Jury Trial and Arbitration Provision will remain in effect if I cancel or terminate the transaction and will apply to any disputes I may have about this application.

Signature	Date / /
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