

CREDIT APPLICATION

APPLICANT INFORMATION			
Name:			
Date of birth:	SSN:	Phone:	
Current address:			
City:	State:	ZIP Code:	
Own Rent	Monthly payment or rent:		How long?
Previous address:			
City:	State:	ZIP Code:	
Owned Rented	Monthly payment or rent:		How long?
EMPLOYMENT INFORMATION			
Current employer:			
Employer address:			How long?
Phone:	E-mail:		Fax:
City:	State:	ZIP Code:	
Position:	Hourly Salary	Annual income:	
Previous employer:			
Address:			How long?
Phone:	E-mail:		Fax:
City:	State:	ZIP Code:	
Position:	Hourly Salary	Annual income:	
CO-APPLICANT INFORMATION, IF FOR A JOINT ACCOUNT			
Name:			
Date of birth:	SSN:	Phone:	
Current address:			
City:	State:	ZIP Code:	
Own Rent	Monthly payment or rent:		How long?
Previous address:			
City:	State:	ZIP Code:	
Owned Rented	Monthly payment or rent:		How long?
EMPLOYMENT INFORMATION			
Current employer:			
Employer address:			How long?
Phone:	E-mail:		Fax:
City:	State:	ZIP Code:	
Position:	Hourly Salary	Annual income:	
Previous employer:			
Address:			How long?
Phone:	E-mail:		Fax:
City:	State:	ZIP Code:	
Position:	Hourly Salary	Annual income:	

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PERSONAL REFERENCES (AT LEAST 4)

Name	Relationship	Address	Phone

CREDIT CARDS

Name	Account no.	Current balance	Monthly payment

MORTGAGE COMPANY

Account no.:	Address:
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AUTO LOANS

Auto loans	Account no.	Balance	Monthly payment

OTHER LOANS, DEBTS, OR OBLIGATIONS

Description	Account no.	Amount

OTHER ASSETS OR SOURCES OF INCOME

Description	Amount per month or value

I authorize JBS Finance, Inc. to verify the information provided on this form as to my credit, personal references and employment history.

I authorize JBS Finance, Inc. to pull a personal credit report from Trans Union and/or Equifax as needed.

Signature of applicant	Date
Signature of co-applicant, if for joint account	Date

Thank You!

Thank you for completing an application. Please note that a completed application requires the submission of the following, which will be copied and attached to this application for each applicant.

1. Copy of Driver's License
2. 2 most recent pay stubs of each income source listed
3. Current phone or electric bill
4. Copy of Bankruptcy plan if applicable
5. If self-employed most current Schedule C and proof of current income