

No Credit Check Application

Please Print Application Information

STORE NAME _____
STORE FAX _____

MUST ANSWER YES TO ALL FOUR QUESTIONS TO QUALIFY (circle yes or no)

Have you been employed with the same company for at least six months?	Y	N
Do you earn \$1,000 per month and deposit at least \$500 per month into your checking account?	Y	N
Do you have a checking account and has it been open three months?	Y	N
Does your checking account have no more than 5 protected overdrafts and no NSF's in the last 30 days?	Y	N

APPLICANT INFORMATION (Must complete all fields. If no co-applicant, leave "co-app" fields blank.)

NAME (First Middle Last)		SOCIAL SECURITY #		DATE OF BIRTH
ADDRESS	APT #	CITY, STATE, ZIP	RENT <input type="checkbox"/> OWN <input type="checkbox"/>	MONTHS AT RESIDENCE
PHONE # ())		CELL # ())	EMAIL	
CO-APP NAME (First Middle Last)		CO-APP SOCIAL SECURITY #	CO-APP DATE OF BIRTH	
CO-APP PHONE # ())		CO-APP CELL # ())	CO-APP EMAIL	

SOURCE OF INCOME (must be verifiable)

EMPLOYER (S, S, DISABILITY, ARMY)	JOB TITLE	HIRE DATE (MM/DD/YY)	MONTHLY INCOME
EMPLOYER CITY, STATE	SUPERVISOR	EMPLOYER PHONE / EXT ())	\$
CO-APP (SOURCE OF INCOME)	CO-APP JOB TITLE	CO-APP HIRE DATE (MM/DD/YY)	CO-APP MONTHLY INCOME
CO-APP EMPLOYER CITY, STATE	CO-APP SUPERVISOR	CO-APP EMPLOYER PHONE / EXT ())	\$

BANK INFORMATION

BANK NAME	CHECKING ACCOUNT #	DATE OPENED
ROUTING #	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	[Routing number is a NINE digit number located on bottom left of check]

PERSONAL REFERENCE INFORMATION

NAME	CITY, STATE	PHONE # ())
1		
2		())
3		())
4		())

BY SIGNING BELOW, I HEREBY: (1) certify that all information I have provided on this application or in connection herewith is true, correct, and complete. You may contact any person or company that I have listed above and I fully release all parties from all liability for any damage it may result; (2) understand that this application is subject to approval by Progressive Finance at its offices in the State of Utah and that payments are remitted to Utah.

SIGNATURE _____ DATE _____
CO-APPLICANT SIGNATURE _____ DATE _____

