CREDIT APPLICATION					
Merchant Information					
Merchant ID:	Merchant N	lame:		Send Documents to:	Applicant
Agent Name:	Agent Ema	il:		Agent Phone:	
Financing Information					
Product / Service Description:				Desired Repayment Te	erm:
Total Cost:	Down Payn	nent:		Amount Requested:	
Applicant Information					
Name (First, Middle, Last):					
SSN:			Date of Birth:		
Citizenship Status:		Drivers License/ ID No:			ID State:
Current Address:					
City:	State:			ZIP Code:	
Own Rent	Monthly Pa	Ionthly Payment or Rent:			How long?
E-Mail:	Home Phone:		!	Cell Phone:	
Applicant Employment Information					
Employer Name:			Employer Phone:		
Employer Address:					How long?
City:		State:		ZIP Code:	
Job Title:			Annual Salary: \$		
Other Income: \$	Source of 0	Other Income:		Total Household Incor	me: \$
Co-Signer Information (if applicable)					
Name (First, Middle, Last):					
SSN:			Date of Birth:		
Citizenship Status:		Drivers Licen	se/ ID No:		ID State:
Current Address:					
City:		State:		ZIP Code:	
Own Rent	Monthly Payment or Rent:			How long?	
E-Mail:		Home Phone	!	Cell Phone:	
Co-Signer Employment Information (if applicable)					
Employer Name:			Employer Phone:		
Employer Address:					How long?
City:		State:		ZIP Code:	
Job Title:			Annual Salary: \$		
Other Income: \$			Source of Other Income:		
Applicant Reference Information					
First Reference Name:			Relationship:		
Phone:			E-Mail:		
Second Reference Name:			Relationship:		
Phone: AUTHORIZATION TO INVESTIGATE CREDIT INFORMATI best of my knowledge. I authorize you to investigate my connection with this Application, in connection with an assign this account. By signing this Application I authori promise, acceptance, nor a commitment to extend cred Installment Contract which will be provided to me upon	oredit, employ review, enhous review, enhous review, enhous review review review some but some but some but some but some review	oyment, and incontraction or contraction or contrac	ome records and to verify my credit illection of my account and for ma verify the accuracy of the informat	references. I authorize yorketing purposes to you ooion. I further understand	ou to obtain credit reports in r any creditor to whom you that this Application is not a
Applicant Name:		Applicant S	ignature:		Date:
Toll Free (800) 920-3685 - Fax (817) 887-1910 - www.THERAPLATE.com					