

SECURED VISA APPLICATION

Emp. _____

Branch _____

SSBA CREDIT DEPARTMENT

1 - Tell Us About Yourself

Important: Please Print Clearly

Your Name: Stinky Pete

Date of Birth (Month/Day/Year): 54-54-4545 Social Security Number: 454554455

Driver's License Number & State Issued: 454545445, AL Number of Dependents (Including Yourself): 1

Home Address (No P.O Boxes): 1234 test dr Home Phone #:

City: Joeville State: CA Zip: 12122

Length of Time at Current Address (Years): 3, rent Monthly Payment: 200

Previous Home Address (if current is less than 3 years):

City: State: Zip:

E-Mail Address (see note to the right of this): stinky@pete.com By providing an E-Mail Address, I consent to receive e-mail communications about my account

Employer (If self-employed give name & type of business): 54544545

Business Telephone Number: (454) 545-4545 Years There: 1 Position: 45454545

Business Address (No P.O. Boxes): 454545 City: 45454545 State: AL Zip: 45454

Annual Income: \$2500 Other Income (Amount & Source)*: \$0

Applicant Signature:

Date:

Co-Applicant Signature:

Date: