

# SECURED VISA APPLICATION

Emp. \_\_\_\_\_

Branch \_\_\_\_\_

## SSBA CREDIT DEPARTMENT

### 1 - Tell Us About Yourself

**Important: Please Print Clearly**

Your Name: Bill Withers

Date of Birth (Month/Day/Year): 54-54-5445 Social Security Number: 455445455

Driver's License Number & State Issued: 5454, AL Number of Dependents (Including Yourself): 1

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

City: Joeville State: CA Zip: 23652

Length of Time at Current Address (Years): 3, rent Monthly Payment: 890

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

City: State: Zip:

E-Mail Address (see note to the right of this): bill@withers.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): 454545

Business Telephone Number: (454) 545-4545 Years There: 1 Position: 454545

Business Address (No P.O. Boxes): 454545 City: 454545 State: AL Zip: 45455

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

### 2 - About Your Co-Applicant

Your Name: Joe Sloppy

Date of Birth (Month/Day/Year): 311997 Social Security Number: 456454563

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

Home Address (No P.O Boxes): 1234 test dr Home Phone #: 45566554

City: Los Angeles State: ca Zip: 90039

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

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

City: State: Zip:

E-Mail Address (see note to the right of this): john@denver.com

By providing an E-Mail Address, I consent to receive e-mail communications about my account, including statements, documents, periodic offers and updates

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

Business Telephone Number: Years There: Position:

Business Address (No P.O. Boxes): City: State: Zip:

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

Applicant Signature:

Date:

Co-Applicant Signature:

Date: