



TITLE LOAN APPLICATION FORM

Please complete the information below and take to the next available Customer Service Representative.

Customer Information

Name		Social Security Number	
Street Address		City	State Zip
Home Phone (please do not use for cell phone)	Birth Date	Do you own your home or apartment? ____ Yes ____ No	
ID Type / ID #	State Issued By	Expires	Email Address
Bankruptcy	Chapter	When	Discharged
Cell Phone			

I would like to receive automated telephone calls from Check City customer service representatives that provide account information such as payment reminders at my mobile number ____ Yes ____ No

I would like to receive automated telephone calls with prerecorded messages or live callers from Check City that provide special promotional offers such as financial services options at my mobile number ____ Yes ____ No

Employer / Income Information

Employer Name		Work Phone / Extension		Position / Occupation	
Gross Pay per Cycle	Net Pay per Cycle	Pay Cycle ____ Weekly ____ Every Two Weeks ____ Monthly		Day of Week Paid	
Hire Date	Do you receive direct deposit? ____ Yes ____ No	Additional Income Information*			

*Alimony, child support, or separate income need not be revealed if you do not wish to have it considered as part of your application.

Reference Information

Reference Name	Relationship	City, State	Phone Number
Reference Name	Relationship	City, State	Phone Number
Reference Name	Relationship	City, State	Phone Number

Spouse Information (*Only required if spouse is a joint applicant)

*Will your spouse be permitted to use the account, be contractually liable or are you relying on your spouse's income as a source of repayment?
____ Yes ____ No If you answered No, do not complete the Spouse Information Section.

Spouse Name	Employer	Work Phone / Extension	Position
Monthly Salary	Day of Week Paid	Pay Cycle ____ Weekly ____ Every Two Weeks ____ Monthly	
Hire Date	Do you receive direct deposit? ____ Yes ____ No	Social Security Number	

App. Initials _____



TITLE LOAN APPLICATION FORM (Cont.)

Please complete the information below and take to the next available Customer Service Representative.

Ability to Repay

Monthly Income: (List all sources you want us to consider)

Monthly Obligations:

Total Income \$ _____

Total Income \$ _____

"I agree that Check City and its representatives may contact any person listed above and/or any relatives, employers or persons listed on this application in order to obtain information and to discuss any debts which I owe Check City. I hereby authorize Check City to obtain any credit information and to discuss any debts which I owe Check City. I hereby authorize Check City to obtain any credit information concerning me. I agree and understand that I am personally responsible to Check City for any check that I cash that is returned unpaid by the bank for any reason. In case it is necessary that Check City hires an attorney to collect any debts I may owe to Check City, I promise to pay attorney fees, court costs, statutory fees and reasonable compensation or other damages Check City is entitled to. The Federal Equal Credit Opportunity Act prohibits creditors for discriminating against credit applicant on the basis of sex or marital status, the Federal Agency which administers compliance with this law concerning the business is the Federal Trade Commission, Washington D.C, 20580. I Understand that a negative credit report reflecting on my credit record may be submitted to a credit reporting agency if I fail to fulfill the terms of my credit obligations. I affirm that I received a copy of the company's privacy policy. I certify that all of the information stated above is true and correct."

Applicant Signature

Co-Applicant Signature (If Applicable)

Date

Office Use Only

Instructions: CRS should subtract the applicant's total monthly obligation from total monthly income to determine the maximum monthly payment the applicant qualifies for a title loan.

Maximum Amount Qualified For

CRS Name

Amount Requested