

CUSTOMER APPLICATION



Please complete both the front and the back of the form COMPLETELY AND LEGIBLY.

PERSONAL INFORMATION

Name: _____
Last _____ First _____ MI _____

Address: _____
Street _____ City _____ State _____ Zip _____

How long have you lived there? _____ Rent Own

Home phone: (____) _____ Cell phone: (____) _____

Social Security # _____ - _____ - _____ Date of birth: _____

Landlord name: _____ Landlord phone: (____) _____

Email Address: _____ How did you hear about us? _____

How do you prefer to be contacted?
 Home Phone Cell Phone Email Text

Text Authorization: By selecting text as a contact preference, we are not responsible for any charges your carrier may charge you. Applicant signature for authorization of text messaging: _____

EMPLOYMENT INFORMATION

Employer: _____

Address: _____
Street _____ City _____ State _____ Zip _____

Phone: (____) _____ Ext: _____ Position: _____

Supervisor name: _____ Phone: (____) _____ Ext _____

How long at this job? _____ Monthly net pay: _____ Paydays: _____

OTHER INCOME

Source: _____ Amount: _____ Dates received: _____

Employer: _____ Phone: (____) _____ Supervisor: _____

BANK ACCOUNT INFORMATION

Name of Bank: _____ How long? _____ Direct deposit? Yes No
Account # _____ Direct Deposit Pay Dates: _____

REFERENCES (2 relatives and 1 friend)

1. Name: _____ Phone: (____) _____
City/State: _____ Relationship: _____
2. Name: _____ Phone: (____) _____
City/State: _____ Relationship: _____
3. Name: _____ Phone: (____) _____
City/State: _____ Relationship: _____

By my signature below, I certify that the foregoing information is correct and I acknowledge that I have read and agree to all of the following terms and conditions:

- 1. I hereby authorize **Checks-N-Advance** to contact any persons or companies listed on this application for the purpose of verifying the information provided.
- 2. In the event that my check is returned from the bank, unpaid for any reason, I will pay a returned check fee of \$15.00 per check and replace the face value of the check with cash or money order only.
- 3. In the event that **Checks-N-Advance** is unable to collect my personal check, I authorize them to: (1) contact any persons, employers or references on this matter, to seek restitution, and (2) report this matter to all applicable credit and/or check reporting services.
- 4. I understand and agree that checks are electronically debited on the morning of the agreed deposit date. I promise to have sufficient funds in my checking account on the date of deposit to cover my post-dated check.
- 5. I also authorize **Checks-N-Advance** to ACH electronically debit or draft the account on which my check is drawn for payment amounts owed. I understand that I may cancel this authorization by providing written notice at least five (5) business days prior to the payment due date. Canceling my authorization will not relieve me of the responsibility of paying my account in full.
- 6. Bankruptcy Declaration: By signing this application I hereby declare I am not in the process of filing for bankruptcy and have no plans to file bankruptcy within the next 90 Days.

I AM NOT a regular or reserve member of the Army, Navy, Marine Corps, Air Force or Coast Guard. Initial: _____

Applicant Signature: _____ Date: _____

Referred By: _____ Employee: _____