

Western Colorado Training Center, LLC

CREDIT APPLICATION

CONTACT AND GENERAL INFORMATION

First and Middle Name:

Last Name:

Phone:

Fax:

E-mail:

Social Security No:

City:

State:

ZIP Code:

Birthdate:

Male or Female (circle)

Age:

Married or Single (circle)

Place of Birth

PARENTS NAME AND ADDRESS:

Your Current Address:

City:

State:

ZIP Code:

How long at current address?

Bank Telephone:

Fax:

E-mail:

Bank name:

Bank address:

Phone:

City:

State:

ZIP Code:

Type of account:

Account number:

Savings

Checking

Other

CREDIT REFERENCES

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

AGREEMENT

1. Credit information will be used to secure personal student loan with WCTC subject to approval.
2. By submitting this application, you authorize Western Colorado Training Center, LLC to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURES

Signature:

Date: