**Western Mercantile Agency, Inc.**
**165 South 5th Street, Suite A**
**Coos Bay, Oregon 97420**
**541-267-7086**

Western Mercantile Agency Inc.

| CONSUMER AND SPOUSE INFORMATION | | |
|---|---|---|
| Consumer's full name | Birthdate | Social Security Number |
| Consumer's spouse full name | Birthdate | Social Security Number |
| ☐ Married ☐ Single ☐ Separated ☐ Divorced ☐ Widowed | | |
| Mailing Address<br>_____<br>_____<br>City State Zip | Street Address ☐ Mark if Same<br>_____<br>_____<br>City State Zip | Main Contact Number(s): Cell Home Work<br>_____ ☐ ☐ ☐<br>_____ ☐ ☐ ☐<br>Email Address:<br>_____ |

| EMPLOYMENT | | | |
|---|---|---|---|
| **Person Employed** | **Employer** | **Employer Phone No.** | **Monthly Net** |
| | | | $ |
| | | | $ |
| | | | $ |

| MONTHLY HOUSEHOLD INCOME FROM OTHER SOURCES | |
|---|---|
| **Source** | **Monthly** |
| Child Support / Alimony | $ |
| Federal Assistance Program<br>Type _____ (ie Cash, Food Stamps, etc.) | $ |
| Pension / IRA / Annuity Cashout | $ |
| Social Security / social Security Disability | $ |
| Unemployment or Worker's Comp<br>(Start Date: mm/dd/yy End Date: mm/dd/yy) | $ |
| Other Income (Stocks/Bonds/Annuities/Interest/Rental Property) | $ |
| Total Monthly Gross Income from Other Sources | $ |

| ASSET INFORMATION | |
|---|---|
| Current Checking Account balance | $ |
| Current Savings Account balance | $ |
| Please attach an additional page if there is other information about your current financial situation that you would like us to know, such as financial hardship, seasonal or temporary income, or personal loss. | |

| HOUSEHOLD MEMBERS | | |
|---|---|---|
| **NAME** | **DATE OF BIRTH** | **RELATIONSHIP TO CONSUMER** |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

| PERSONAL REFERENCE | | |
|---|---|---|
| **Name** | **Address** | **Phone Number** |
| | | |
| | | |

| MONTHLY HOUSEHOLD LIABILITIES/EXPENSES | |
|---|---|
| **Type of Expense** | **Total Monthly:** |
| Housing: ☐ Own ☐ Rent – Landlord name: | $ |
| Grocery Expense | $ |
| Child Care | $ |
| Child Support / Alimony | $ |
| Utilities: Gas _____ Electric _____<br>Water / Sewer _____ Other _____ | $ |
| Telephone: (Mobile/Cell/Home/etc.) | $ |
| Medication Expenses (co-pay / cash pay, etc.) | $ |
| Unpaid Medical Expenses (I.e. Doctor, dental, hospital, other providers). Please provide a detailed list with copies of most recent bills if available. | $ |
| Insurance Premiums: Health _____<br>Auto _____ Home _____ | $ |
| Car Loan Payments Balance Owed $ | $ |
| Transportation (Bus, Taxi) | $ |
| Loan Payment Type: Balance: | $ |
| Credit Card Payment(s)<br>Total Balance(s) Owed: | $ |

| ADDITIONAL INFORMATION |
|---|
| You will need to supply verification of income from your employer or other sources for the last 90 days. (Copy of paystubs and bank statements. You will also need to provide receipts showing your expenses. |
| Documentation included: ☐ Paystubs ☐ Bank Statements ☐ Receipts ☐ Copies of medical bills ☐ Other documents |

| AGREEMENT | |
|---|---|
| To the best of my/our knowledge all information supplied to Western Mercantile Agency, Inc. is correct. Upon acceptance of this financial statement we will be required to make monthly payments. | |
| Consumer Signature | Date |
| Spouse Signature | Date |

This is an attempt to collect a debt by a debt collector and any information obtained will be used for that purpose.

* If you have any questions, please contact our office at 541-267-7086 or 1-800-526-3057.