



25 Quinta Ct. Suite C, Sacramento, CA 95823  
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**APPLICANT**

**CREDIT APPLICATION**

Customer Name: \_\_\_\_\_  
 Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_  
 ID #: \_\_\_\_\_ Expiration \_\_\_\_\_ Years of Residence \_\_\_\_\_  
 Home Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 SSN#: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 House Owner  Renter  Monthly Payment \_\_\_\_\_  
 Employer: \_\_\_\_\_  
 Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Employer Phone # \_\_\_\_\_ Position \_\_\_\_\_ Years of Employment \_\_\_\_\_  
 Gross Monthly Income \$ \_\_\_\_\_  
 Other Income \$ \_\_\_\_\_ Nature of Income \_\_\_\_\_

**CO-APPLICANT**

Customer Name: \_\_\_\_\_  
 Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_  
 ID #: \_\_\_\_\_ Expiration \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ SSN# \_\_\_\_\_  
 Home Address (if different): \_\_\_\_\_  
 Employer: \_\_\_\_\_ Address \_\_\_\_\_  
 Employer Phone # \_\_\_\_\_ Position \_\_\_\_\_ Hire Date \_\_\_\_\_  
 Gross Monthly Income \$ \_\_\_\_\_

Personal References  
 Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone# \_\_\_\_\_

Mdse. Purchase \_\_\_\_\_ Amt. Financed \$ \_\_\_\_\_ No. of months \_\_\_\_\_

**TRUTH-IN-LENDING CHART (Do not sign before reading)**

ANNUAL PERCENTAGE RATE The cost of your credit as a yearly rate:	FINANCE CHARGE The dollar amount the credit will cost you:	AMOUNT FINANCED The amount of credit provided to you or on your behalf:	TOTAL OF PAYMENTS The amount you will have paid after you have made all your payments as scheduled:	TOTAL SALE PRICE The total cost of your purchase on credit including your downpayment of \$_____
%	\$	\$	\$	\$

YOUR PAYMENT SCHEDULE:

Number of Payments	Amount of Payments	When Payments are Due
_____ Payments	\$ _____	[ ] Monthly Payments Beginning: Mo/Yr / _____

PREPAYMENT: If you pay early, you may be entitled to a refund of part of the finance charge. See your loan documents for any additional information about nonpayment default, or any required prepayment in full before the scheduled date and prepayment refunds.  
 LATE PAYMENT FEE: If you fail to pay us the Total Minimum Payment Due in full within the Payment Due Date on your billing statement, you agree to pay a Late Payment Fee of \$29.

Applicant Signature \_\_\_\_\_ Co-Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_ Date \_\_\_\_\_

Manager's Name \_\_\_\_\_ Referral Name \_\_\_\_\_

Best time to confirm and best number to call: \_\_\_\_\_