

Customer Information Sheet

DATE: _____

Please Print

Customer Information	Name				Maiden Name				Birth date					
	E-Mail Address				Social Security #				Drivers License #					
	Address				Apt/Floor		City/State/Zip				How Long			
	Residence is: 1. Owned <input type="checkbox"/> 2. Rented <input type="checkbox"/>				Utilities in Whose Name:				Home Phone #				Work Phone #	
	1. House <input type="checkbox"/> 2. Apartment <input type="checkbox"/> 3. Other <input type="checkbox"/>								Cell Phone #				Other Phone #	
	Previous Address (if less than 3 months at above)				City/State/Zip				From				To	
	Current Landlord				Address				City/State/Zip				Phone #	
	Previous Landlord				Address				City/State/Zip				Phone #	
	Auto-Year-Make				Model		Color		License Plate#		State		Financed Through	
	Job Title				Employer				Address				City/State/Zip	
Household	Hire Date		Shift		Plant		Dept.		Supervisor		Phone #		Ext.	
	Working		1. Full Time <input type="checkbox"/>		Paid		1. Once a Week <input type="checkbox"/>		Take Home Pay		Day of Week Paid		Additional Income	
			2. Part Time <input type="checkbox"/>				2. Every Two Weeks <input type="checkbox"/>							
			3. Not Working <input type="checkbox"/>				3. Once a Month <input type="checkbox"/>		\$				\$	
	What is Your Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Un-Married <input type="checkbox"/> Separated													
	Which of the Following are Living in Your Household?								What is Your Total Annual Household Income Before Taxes?					
	<input type="checkbox"/> Mother		<input type="checkbox"/> Grandfather		<input type="checkbox"/> Child		<input type="checkbox"/> Self		<input type="checkbox"/> Under \$8,000		<input type="checkbox"/> \$25,000-\$29,999			
	<input type="checkbox"/> Father		<input type="checkbox"/> Spouse		<input type="checkbox"/> Friend		<input type="checkbox"/> Boarder		<input type="checkbox"/> \$8,000-\$9,999		<input type="checkbox"/> \$30,000-\$34,999			
	<input type="checkbox"/> Grandmother		<input type="checkbox"/> Fiancée		<input type="checkbox"/> Boy/Girl Friend		<input type="checkbox"/> Other (Explain)		<input type="checkbox"/> \$10,000-\$14,999		<input type="checkbox"/> \$35,000-\$39,999			
	Explain:								<input type="checkbox"/> \$15,000-\$19,999		<input type="checkbox"/> \$40,000-\$44,999			
<input type="checkbox"/> \$20,000-\$24,999		<input type="checkbox"/> \$45,000 or more												
Name of other Adult in Household				Maiden Name				Relationship				Soc. Sec. #		
Job Title				Employer				Address				City/State/Zip		
Hire Date		Shift		Plant		Dept.		Supervisor		Phone #		Ext#		
Personal References	AT LEAST TWO OF THE SIX REFERENCES MUST BE RELATIVES. PLEASE FILL IN ALL SIX													
	Name		Address				City/State/Zip				Phone #		Relationship	
	1.													
	2.													
	3.													
	4.													
	5.													
6.														

RELEASE OF ADDRESS (LOCATION) INFORMATION TO DEALER

The undersigned below hereby consents to the release of information concerning my address or location to dealer. In particular, this release shall permit the disclosure to dealer of such information regarding the undersigned in the possession of any agency or department of any state government or the United State of America, or of any other person or agency, or my current or past employer. This release shall be effective for 48 months from the date below. I understand that certain state and federal laws exist which protect my right to privacy by restricting access to state and federal agency files, or files held by third parties. My signatures below indicates that I have knowingly and voluntarily waived the protection of state, federal and common law right to privacy laws for the limited purpose of providing address information to dealer.

X _____ Date _____
Applicant Signature

READ STATEMENT BEFORE SIGNING: I certify that the information supplied by me on this form is true and correct. I authorize verification of the truthfulness of all information contained herein, including contact with any person or firm listed above, and fully release all parties from all liability for any damage that may result. Any false statement made above shall be sufficient basis for rejection of this order.

I have read and understand the statement above. X _____ Date _____
Applicant Signature