



LICENSED BY THE DEPARTMENT OF CORPORATION PURSUANT TO THE CALIFORNIA DEFERRED DEPOSIT TRANSACTION LAW APPLICATION FOR A PAYDAY ADVANCE

WE ARE COMMITTED TO PROTECTING YOUR PRIVACY UNDER STRICT PRINCIPLES AND GUIDELINES. PLEASE ASK FOR A COPY OF OUR PRIVACY POLICY. **MARRIED APPLICANTS MAY APPLY FOR SEPARATE CREDIT**

APPLICANT'S INFORMATION

Applicants Last Name:		Middle:	First:	
Sex : <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth: / /	Social Security no.:		
Address: (no P.O.box) :				
City:	State:	Zip Code:	Tel #:	Tel Cell:
Employer Name:		Occupation:	How Long:	Phone #
Employer's Address:		City:	State:	
Next Payday:	Pay Period:	Net Pay*	Direct deposit: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Bank Information:	Name:		Phone #:	
Account#:	How long open? <i>(min 3 months)</i>			

*income from alimony, child support or separate maintenance payments need not be revealed if you do not want to have them considered as part of your application.

REFERENCE 1 (OTHER THAN LIVING AT THIS ADDRESS)

Name:	
Address:	Phone#

REFERENCE 2 (OTHER THAN LIVING AT THIS ADDRESS)

Name:	
Address:	Phone#

SPOUSE'S INFORMATION

Name:	Address (if different):	Home phone no.:
Social Security #:	Occupation:	
Employer:	Employer address:	Phone #:

SIGNATURE

I, hereby, certify that the above information is given by me as true and correct. I authorize you or your representatives to obtain credit reports on me and to contact any company, reference, employer or any entity to verify any information provided here. This to authorize you to contact employer/references as needed by you. As required by law, I am hereby notified that a negative credit report reflecting on my credit record may be submitted to a credit reporting agency if I fail to fulfill the terms of my credit obligations.

I UNDERSTAND THAT YOU WILL RETAIN THIS APPLICATION WHETHER THE TRANSACTION IS APPROVED OR NOT. IF DECLINED , YOU ARE ENTITLED TO REASONS IN WRITING. WE USE TELETRAC IN OUR EFFORTS TO DO DUE DILLIGENCE .I acknowledge that I have received a copy of the "BILL OF RIGHTS"

Signature: _____	Date: _____	Right Hand Thumb Print
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COVERED BORROWER IDENTIFICATION STATEMENT

Federal law provides important protections to active duty members of the Armed Forces and their dependents. To ensure that these protections are provided to eligible applicants, we require you to sign **ONLY one** of the following statements as applicable:

I AM NOT a regular or reserve member of the Army, Navy, Marine Corps, Air Force, or Coast Guard, serving on active duty under a call or order that does not specify a period of 30 days or fewer (or a dependent of such member).

APPLICANTS SIGNATURE DATE

I AM a regular or reserve member of the Army, Navy, Marine Corps, Air Force, or Coast Guard, serving on active duty under a call or order that does not specify a period of 30 days or fewer.

APPLICANTS SIGNATURE DATE

I AM a dependent of a member of the Armed Forces on active duty as described above, because I am the member's spouse, the member's child under the age of eighteen years old, or I am an individual for whom the member provided more than one-half of my financial support for 180 days immediately preceding today's date.

APPLICANTS SIGNATURE DATE

WARNING:

**IT IS IMPORTANT TO FILL OUT THIS FORM ACCURATELY.
KNOWINGLY MAKING A FALSE STATEMENT ON A CREDIT APPLICATION IS A CRIME.**

HOW DID YOU HEAR ABOUT US? Friend Family Yellow Pages Close to home/work

Do you have any other pay day advances elsewhere? YES NO

AMOUNT REQUESTED: \$