

FAST CASH

CUSTOMER APPLICATION

(All questions must be answered before processing your loan)

CUSTOMER INFORMATION

NAME _____ SSN _____
Other Former Names _____
ADDRESS _____ APT# _____
CITY _____ STATE _____ ZIP _____
How long have you been at this address? _____ Do You? Rent _____ Own _____
Landlord / Mortgage Company _____
Phone is in whose name? _____ Utilities are in whose name? _____
HOME PHONE _____ MESSAGE PHONE _____
BEST TIME OF THE DAY TO REACH YOU _____
DATE OF BIRTH _____ CURRENT AGE _____

EMPLOYMENT INFORMATION

EMPLOYER / INCOME SOURCE _____
WORK PHONE _____ TITLE _____ TAKE HOME PAY _____
SHIFT _____ Part Time _____ Full Time _____ HOW LONG? _____
PAID: Weekly _____ Monthly _____ Every Other Week _____ Day Of The Week Paid _____
Date of Next Pay Day _____

BANK ACCOUNT INFORMATION

Do you have a checking account? Yes _____ No _____ Is This A Joint Account? Yes _____ No _____
If A Joint Account, Who Else Is On The Account? _____
NAME OF BANK _____
CHECKING ACCOUNT NUMBER _____

AUTO INFORMATION

MAKE _____ MODEL _____ YEAR _____ COLOR _____
LICENSE PLATE NUMBER _____

CO-APPLICANT INFORMATION (For Joint Accounts)

NAME _____ SSN _____ AGE _____
EMPLOYER / INCOME SOURCE _____
WORK PHONE _____ TITLE _____ TAKE HOME PAY _____
SHIFT _____ Part Time _____ Full Time _____ HOW LONG? _____
PAID: Weekly _____ Monthly _____ Every Other Week _____ Day Of The Week Paid _____

REFERENCES (closest relative or friend, not living with you. Please use local references if possible. These people are only used as contacts if we are unable to reach you.) One reference must be a relative.

Name	Address	City, State, Zip	Phone	Relationship
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Name	Address	City, State, Zip	Phone	Relationship
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Name	Address	City, State, Zip	Phone	Relationship
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OVER PLEASE

MARKETING

How did you here about us?

<input type="checkbox"/> TV Ad	<input type="checkbox"/> Radio	<input type="checkbox"/> Newspaper Ad
<input type="checkbox"/> Signs	<input type="checkbox"/> Yellow Pages	<input type="checkbox"/> Friend
<input type="checkbox"/> Customer	<input type="checkbox"/> Other (explain) _____	

Have you ever received a payday loan before? Yes No
 If yes, when and from whom? _____

How far do you live from our store? (Miles) Less than 1 1 to 3 3 to 5 Over 5

Total household income (including all forms of income in the home)
 \$15,000 or less \$25,000 \$35,000 \$45,000 \$55,000 \$65,000 or over

READ THESE STATEMENTS BEFORE SIGNING:

Tele-Track. I understand that Fast Cash does not perform a full credit check on applicants, but does perform a search in the Tele-Track database. Tele-Track is a national database of consumers who have a record of transactions in certain industries, including payday loans, check cashing, rent-to-own, cable television accounts, consumer finance companies and retail furniture stores.

By signing this I also agree that Fast Cash has the right to automatically debit, the account the check is drawn on, by means of electronic withdrawal(ACH), for the amount of the check plus any NSF fee, if my account is past due.

I certify the information supplied by me on this form is true and correct. I authorize verification of the truthfulness of this information, including contact with any person or firm listed above, and fully release all parties from all liability for any damage that may result from such contact. Fast Cash reserves the right to refuse service to any person for any lawful reason, including but not limited to the making of any false, misleading, or incomplete statement. I have read and understand the above statements.

SIGNATURE: _____

DATE: _____

SIGNATURE: _____

DATE: _____

For office use only:
