



Customer Application

Personal											
Must be 18 years old to Apply											
Fill out application in full. Initial any changes											
Social Security Number			First Name			Middle Name/Initial		Last Name			
Street Address				Apt./Unit #		City		State	Zip Code	How long at address? Yrs Months	
Residence	Own Rent	Marital Status		Married Single Divorced	Sex	Male Female		Driver License Number (other ID if no driver's license #)		DL State	Date of Birth?
E-Mail Address (if applicable)						Current Bankruptcy or do you plan on filing within the next 30 Days? Yes No					

Employment											
Full-Time Employed			Part-Time Employed			Other	Employer (or Income Source)			Employer Address (if applicable)	
Employer City			State		Zip Code		How long at job? Yrs. Months		Supervisor's Name (your direct Boss)		
Pay Frequency			Pay Period Net Pay?			Date of Next Paycheck (Income)?		Do you have Direct Deposit? Yes No			
Weekly	Bi-Weekly	Bi-Monthly	Monthly								
Job Title? (if applicable)			Work Contact Phone #		Ext. #	Other Income? Yes No		Type of Income (if appl)		Previous Employer (if applicable)	

Banking Information										
Bank Name			Bank Routing Number			Bank Account Number			Joint Account? Yes No	
Bank Account Type			Date Account Opened?		# of Returned Checks (Items) in last 6 months?		Wage Garnishment? Yes No		Default Credit Card? Yes No	
Checking	**Savings (Certain States Apply)									
Type of Card?					If Joint Account, Name of person authorized to get a loan on your behalf?					
Visa	MasterCard	Discover	Other							

Personal References/Contact Information				Marketing Information					
Name		Relationship		How did you hear about our service? TV Radio Phonebook					
Address (City, State, Zip Code)		Contact Phone Number		Drive By		Internet		Referral	
				Do you file your taxes electronically? Yes No		Do you have internet access? Yes No			

<p>Please read before signing: I certify that the information supplied by me is true and correct. I authorize verification of the truthfulness of all information contained herein, including verification of income and banking information. I expressly authorize contact with any person or company identified above to verify any of the above information or to leave a message for me. I certify that any false statement made by me in this application shall be sufficient basis for credit denial. I have read and understand these above statements. I acknowledge that this application and any supporting documentation provided by me is the property of Urgent Cash Advance.</p>	
Signature: _____	Date: _____/_____/_____