CREDIT APPLICATION					
Merchant Information					
Merchant ID:	Merchant I	Name:		Send Documents to: Applicant 🔲 Agent 🗖	
Agent Name:	Agent Ema	ail:		Agent Phone:	
Financing Information					
Product / Service Description:				Desired Repayment Te	erm:
Total Cost:	Down Payment:			Amount Requested:	
Applicant Information					
Name (First, Middle, Last):					
SSN:		1	Date of Birth:		1
Citizenship Status:		Drivers License/ ID No:			ID State:
Current Address:					
City:	State:			ZIP Code:	Γ
Own 🗖 Rent 🗖	Monthly Pa	ly Payment or Rent:		Γ	How long?
E-Mail:	Home Phone:		:	Cell Phone:	
Applicant Employment Information					
Employer Name:			Employer Phone:		
Employer Address:		1		ſ	How long?
City:		State:	Γ	ZIP Code:	
Job Title:	1		Annual Salary: \$	ſ	
Other Income: \$ Source of Other Income:			Total Household Income: \$		
Co-Signer Information (if applicable)					
Name (First, Middle, Last):			Γ		
SSN:		1	Date of Birth:		Γ
Citizenship Status: Drivers Lic		Drivers Licen	ise/ ID No:		ID State:
Current Address:		1		Γ	
City:	State:		ZIP Code:	Γ	
Own 🗖 Rent 🗖	Monthly Pa	thly Payment or Rent:		Γ	How long?
E-Mail:		Home Phone	:	Cell Phone:	
Co-Signer Employment Information (if applicable)					
Employer Name:			Employer Phone:		
Employer Address:		1		Γ	How long?
City:		State:	Γ	ZIP Code:	
Job Title:			Annual Salary: \$		
Other Income: \$			Source of Other Income:		
Applicant Reference Information					
First Reference Name:			Relationship:		
Phone:			E-Mail:		
Second Reference Name:			Relationship:		
			E-Mail:		
AUTHORIZATION TO INVESTIGATE CREDIT INFORMATION AND OBTAIN CREDIT REPORTS. I certify the information provided is complete, accurate, correct and true to the best of my knowledge. I authorize you to investigate my credit, employment, and income records and to verify my credit references. I authorize you to obtain credit reports in connection with this Application, in connection with any review, enhancement or collection of my account and for marketing purposes to you or any creditor to whom you assign this account. By signing this Application I authorize you and/or your agents to verify the accuracy of the information. I further understand that this Application is not a promise, acceptance, nor a commitment to extend credit to me but solely a request that credit be provided to me under the terms and conditions to be disclosed in the Retail Installment Contract which will be provided to me upon approval of my Application.					
Applicant Name:		Applicant S	ignature:		Date:
Toll Free (800) 920-3685 - Fax (817) 887-1910 - www.THERAPLATE.com					