

FRACTIONAL INTEREST FINANCE CREDIT APPLICATION - *APPLICANT*

Credit will be provided based on the accuracy of the information provided and the ability to repay a loan.

APPLICANT PERSONAL INFORMATION			
Applicant Name:			SSN:
Address:			
Phone: Home:	Cell/Other:	Work:	
Email:	Citizenship:	Birth Date:	
APPLICANT EMPLOYMENT AND FINANCIAL INFORMATION			
Employer:	Position:	Start Month & Year:	
Employer Address:	Present Monthly Pay / Income:		
Other Income: Describe:	Average Monthly Amount:		
Other Income: Describe:	Average Monthly Amount:		
			Total Monthly Pay and Other Income:
Rent or Own Home:	Years at present residence:	Monthly Rent or Mortgage:	
Car, Year and Make:	Monthly Car Payment:		
Credit Card Payments, Total Average Monthly Amount:			
Other Debt: Describe:	Amount:	Monthly Payment:	
Other Debt: Describe:	Amount:	Monthly Payment:	
			Total Monthly Debt Payments:
APPLICANT REFERENCES, NOT RELATIVES			
Name:	Relationship:	City:	Phone:
Name:	Relationship:	City:	Phone:
APPLICANT BANK, CREDIT AND PAYMENT INFORMATION			
Bank:	Address:	Phone:	
Credit Card:	Number:	Expire Date:	Amount Owed:
Credit Card:	Number:	Expire Date:	Amount Owed:
Credit Card:	Number:	Expire Date:	Amount Owed:
Payment Option 1:	<input type="checkbox"/> The undersigned Applicant hereby authorizes automatic payments to be charged to the following credit/debit card:		
Credit/Debit Card:	Number:	Expire Date:	Pin:
Payment Option 2:	<input type="checkbox"/> The undersigned Applicant hereby authorizes automatic payments to be drawn from the following bank account:		
Bank:	Address:	Phone:	
Number: Transit/ID:	Account:		

By signing this Application the above named Applicant certifies that he/she has read and that all of the information and statements in this Application regarding Applicant is true, and that any related potential lender is authorized to check his/her credit history, verify employment, contact references and other persons as deemed necessary in any available manner to confirm information regarding this Application. If financing is provided to the Applicant and payments are not made at agreed times, Applicant specifically agrees that the lender or lender's assigns can, without further notice to the Applicant, charge all due amounts to any of the credit or debit cards, or bank account described in the above Payment Option 1 and/or 2.

Date: _____ APPLICANT: _____

FRACTIONAL INTEREST FINANCE CREDIT APPLICATION - *COSIGNOR*

Credit will be provided based on the accuracy of the information provided and the ability to repay a loan.

COSIGNOR PERSONAL INFORMATION			
Cosignor Name:	SSN:	Applicant Name:	
Address:			
Phone: Home:	Cell/Other:	Work:	
Email:	Citizenship:	Birth Date:	
APPLICANT EMPLOYMENT AND FINANCIAL INFORMATION			
Employer:	Position:	Start Month & Year:	
Employer Address:	Present Monthly Pay / Income:		
Other Income: Describe:	Average Monthly Amount:		
Other Income: Describe:	Average Monthly Amount:		
			Total Monthly Pay and Other Income:
Rent or Own Home:	Years at present residence:	Monthly Rent or Mortgage:	
Car, Year and Make:	Monthly Car Payment:		
			Total Monthly Debt Payments:
Credit Card Payments, Total Average Monthly Amount:			
Other Debt: Describe:	Amount:	Monthly Payment:	
Other Debt: Describe:	Amount:	Monthly Payment:	
			Total Monthly Debt Payments:
APPLICANT REFERENCES, NOT RELATIVES			
Name:	Relationship:	City:	Phone:
Name:	Relationship:	City:	Phone:
APPLICANT BANK, CREDIT AND PAYMENT INFORMATION			
Bank:	Address:	Phone:	
Credit Card:	Number:	Expire Date:	Amount Owed:
Credit Card:	Number:	Expire Date:	Amount Owed:
Credit Card:	Number:	Expire Date:	Amount Owed:
Payment Option 1: <input type="checkbox"/>	The undersigned Applicant hereby authorizes automatic payments to be charged to the following credit/debit card:		
Credit/Debit Card:	Number:	Expire Date:	Pin:
Payment Option 2: <input type="checkbox"/>	The undersigned Applicant hereby authorizes automatic payments to be drawn from the following bank account:		
Bank:	Address:	Phone:	
Number: Transit/ID:	Account:		

By signing this Application the above named Cosignor certifies that he/she has read and that all of the information and statements in this Application regarding Applicant is true, and that any related potential lender is authorized to check his/her credit history, verify employment, contact references and other persons as deemed necessary in any available manner to confirm information regarding this Application. If financing is provided to the Applicant for whom the Cosignor is acting and payments are not made at agreed times, Applicant specifically agrees that the lender or lender's assigns can, without further notice to the Applicant, charge all due amounts to any of the credit or debit cards or bank account described in the above Payment Option 1 and/or 2.

Date: _____ COSIGNOR: _____