



CUSTOMER LOAN FILE APPLICATION

(PLEASE PRINT- ANY ERRORS OR OMISSIONS MAY DELAY PROCESSING)



Are you a member of the U.S. Armed Forces or a dependent of a member of the U.S. Armed Forces currently serving on active duty? Please initial your answer: _____ YES <input type="checkbox"/> _____ NO <input type="checkbox"/>					
Type of ID		ID (i.e. Driver's License) #		Phone No. (Area Code) () -	
Last Name	First	M.I.	Social Security No.		Cell # () -
Home Address		City	State	Zip	Years at this Address
Employer Name			Occupation		E-Mail Address:
Supervisor's Name:			Dept./Unit/Floor		Length of Employment Years Months
Employer's Address (Local)			City		State
City			State		Zip
Pay schedule: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Mo. <input type="checkbox"/> Monthly			Net Pay: \$ _____		Next Pay Date: _____
Day of the week paid: <input type="checkbox"/> Mon. <input type="checkbox"/> Tues <input type="checkbox"/> Weds <input type="checkbox"/> Thurs <input type="checkbox"/> Fri			Direct Deposit: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name of Relative (Not living with you.)		Address		Relationship	Phone Number (Area Code) () -
Name of Relative (Not living with you.)		Address		Relationship	Phone Number (Area Code) () -
Name of Friend (Not living with you.)		Address		Years known	Phone Number (Area Code) () -
Bank Name _____ Checking Acct.# _____ Savings Acct.# _____					
Branch _____ Phone _____ Branch/Automated No.: _____					
Do you cash checks there? <input type="checkbox"/> Yes <input type="checkbox"/> No					

SPECIAL INSTRUCTIONS: AUTHORIZATION AGREEMENT FOR PRE-ARRANGED PAYMENTS:

I (we) hereby authorize and request that **CASH STOP**, hereinafter called COMPANY, to effect payments for any amounts owing by me to COMPANY as such amounts become due by initiating debt entries to my account indicated below in the bank named below, hereinafter called BANK, and I authorize and request BANK to accept any debit entries initiated by COMPANY to such account and to debit the same to such account without responsibility for the correctness thereof.

THE CUSTOMER AGREES WITH FULL KNOWLEDGE THAT IN THE EVENT ANY CHECK IS NOT HONORED BY CUSTOMER'S BANK ON THE STATED DEPOSIT DATE, FOR ANY REASON, INCLUDING CLOSED ACCOUNT OR STOPPED PAYMENT, A FEE WILL BE ASSESSED. FOR NON SUFFICIENT FUNDS, THE SERVICE FEE WILL BE \$20.00, PLUS ANY AMOUNT PASSED ON FROM ANY BANK OR OTHER FINANCIAL INSTITUTION TO A MAXIMUM OF \$25.00.

In the event the customer does not honor this agreement, the check or checks will be turned over to a check collection agency, and/or legal action will be taken to recover the amount due under the bad check law which states that you may have to pay the amount of the check(s) within thirty (30) days after notification in addition to the following amounts:

1. Collection costs, including attorney fees which will be set by the court.
2. One hundred (\$100.00) dollars or two times the face amount of the check, whichever is more, by award of the court.

I agree that **CASH STOP** and representatives may contact any person listed above and/or relatives or persons having dealings with me in order to obtain information, and to discuss any debts which I owe **CASH STOP**, to the extent not prohibited by law, I waive any privacy claims against **CASH STOP**.

10/9/07

CUSTOMER'S SIGNATURE (In ink)	Date: _____	How did you hear about us? <input type="checkbox"/> Flyer/Mailer <input type="checkbox"/> Business <input type="checkbox"/> TV <input type="checkbox"/> Sign <input type="checkbox"/> Bank <input type="checkbox"/> Radio-Station _____ <input type="checkbox"/> Phone Book <input type="checkbox"/> Friend <input type="checkbox"/> Other _____
	Time: _____	

For Internal Use only

_____ Home Phone _____ Employment _____ Checking Acct. Approval Code: _____ Mgr. Initials/ Time _____