

DEFERRED DEPOSIT AND TITLE LOAN SERVICE APPLICATION

PLEASE FILL OUT ALL BLANKS COMPLETELY

WHO YOU ARE

NAME	SOCIAL SECURITY NUMBER
MR. / MRS. / MISS / MS.	NEVADA DRIVER'S LICENSE NUMBER
BIRTH DATE HEIGHT WEIGHT	NAME OF SPOUSE

WHERE YOU BANK

BANK BRANCH	ACCOUNT NUMBER
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WHERE YOU LIVE

RESIDENCE ADDRESS	HOME PHONE
CITY ZIP	BEEPER / CELL PHONE
HOW LONG AT ADDRESS? HOW LONG IN CITY?	LANDLORD PHONE

WHERE YOU WORK

EMPLOYER	SECOND EMPLOYER (IF ANY)
PHONE	PHONE HOURS WORKED PER WEEK
ADDRESS ZIP	ADDRESS ZIP
HOW LONG AT JOB? WHICH SHIFT?	HOW LONG AT JOB? WHICH SHIFT?
JOB TITLE	JOB TITLE
SUPERVISOR PHONE EXT.	SUPERVISOR PHONE EXT.
NET PAY PER MONTH (AFTER DEDUCTIONS)	NET PAY PER MONTH (AFTER DEDUCTIONS)
PAY DAY OR PAY DATE	PAY DAY OR PAY DATE

NEAREST RELATIVES NOT LIVING WITH YOU

NAME	NAME
ADDRESS	ADDRESS
RELATIONSHIP PHONE	RELATIONSHIP PHONE

MISCELLANEOUS

HAVE YOU EVER DECLARED BANKRUPTCY? IF YES, WHEN?	LIST ALL PERSONAL CHECK CASH ADVANCES (PAYDAY LOANS) YOU PRESENTLY OWE
HAVE YOU CONSULTED WITH AN ATTORNEY OR ANY OTHER PERSON WITHIN THE LAST 120 DAYS ABOUT FILING BANKRUPTCY?	COMPANY AMOUNT DUE DATE
IF SO, LIST THE NAME, ADDRESS, AND TELEPHONE NUMBER OF ALL SUCH PERSONS CONSULTED.	
HOW DID YOU HEAR ABOUT US?	I CERTIFY THAT THIS LIST IS TRUE AND COMPLETE. (INITIALS) _____

SIGNATURE	DATE
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FOR Company USE ONLY

TELECHECK _____ CHECK VERIFICATION _____ ALLIED _____ BANK ACCOUNT OPENED _____ RATING _____ DEFERRED DEPOSIT PRIVILEGES APPROVED BY _____	
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