

CREDIT APPLICATION TO The Recording Arts Center

All items on this Credit Application must be filled out completely and printed legibly.
Failure to provide all requested information may result in delay or denial of credit approval.

APPLICANT								
LAST NAME		FIRST NAME		MIDDLE NAME		BIRTHDATE / /	AGE	SOCIAL SECURITY NUMBER
HOME ADDRESS				APT.	HOW LONG? YRS MOS	DRIVERS LICENSE NO.	STATE	
CITY			STATE	ZIP	HOME PHONE ()	WORK PHONE ()		
PREVIOUS ADDRESS				APT.	HOW LONG? YRS MOS	U.S. CITIZEN <input type="checkbox"/> YES <input type="checkbox"/> NO	PLACE OF BIRTH	
CITY			STATE	ZIP	DEPENDENTS	SINGLE <input type="checkbox"/>	DIVORCED <input type="checkbox"/>	MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/>
EMPLOYER					HOW LONG? YRS MOS	OCCUPATION/POSITION		
ADDRESS					CITY		STATE	ZIP
PREVIOUS EMPLOYER					HOW LONG? YRS MOS	OCCUPATION/POSITION		
ADDRESS					CITY		STATE	ZIP

SPOUSE								
LAST NAME		FIRST NAME		MIDDLE NAME		BIRTHDATE / /	AGE	SOCIAL SECURITY NUMBER
EMPLOYER				WORK PHONE ()	HOW LONG? YRS MOS	OCCUPATION/POSITION		

INCOME			
Applicant's monthly take home pay from employer	\$ _____	Is any of this income likely to be reduced or interrupted before the loan is paid off?	
Spouse's monthly take home pay from employer	\$ _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Other Income (Source: _____) Monthly	\$ _____	If yes, please explain: _____	
Total Net Monthly Income	\$ _____		

FINANCIAL INFORMATION							
BANK		BRANCH/ADDRESS			<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	ACCOUNT NUMBER	
SAVINGS AND LOAN		BRANCH/ADDRESS			<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	ACCOUNT NUMBER	
CURRENT RESIDENCE <input type="checkbox"/> HOUSE <input type="checkbox"/> CONDO <input type="checkbox"/> APT. <input type="checkbox"/> BUYING <input type="checkbox"/> RENTING <input type="checkbox"/> OWN CLEAR <input type="checkbox"/> RENT FREE <input type="checkbox"/> LIVE WITH PARENTS <input type="checkbox"/> OTHER		LANDLORD OR MORTGAGE HOLDER			MONTHLY PMT/RENT \$	BALANCE OWING \$	
ADDRESS				CITY		STATE	ZIP
YEAR MAKE MODEL		<input type="checkbox"/> FINANCED BY <input type="checkbox"/> LEASED FROM		MONTHLY PAYMENT \$	BALANCE OWING \$		
VEHICLE(S)							
1. _____						\$	\$
2. _____						\$	\$

LIST ALL OTHER CREDITORS (Credit Cards, Finance Companies, Credit Unions, Banks, Stores, etc.)

TO WHOM OWED	ACCOUNT NUMBER, BRANCH or ADDRESS	MONTHLY PAYMENT	BALANCE OWING
		\$	\$
		\$	\$
		\$	\$

Is any debt past due? YES NO Are all debts listed? YES NO (If you need more space, attach a separate sheet)

Have you obtained credit under a different name? YES NO If yes, show name(s): _____

Have you ever declared bankruptcy? YES NO If yes, where? _____ When? _____

REFERENCES						
PARENTS	NAME	ADDRESS	CITY	STATE	ZIP	TELEPHONE ()
RELATIVE						()
FRIEND						()

I certify that the information provided herein is true and complete. You are authorized to check my credit and employment history and to provide information regarding your credit experience with me. Upon approval, I agree to be bound by the agreement for which this application is provided.

Signature of Applicant _____ Date _____ Signature of Spouse _____ Date _____