

No Credit Check Application

Please print application information. All fields must be complete. Any field left blank will result in a pending response.

STORE NAME
STORE FAX
STORE SALESPERSON
AMOUNT REQUESTED

MUST ANSWER ALL FOUR QUESTIONS (Mark "Y" or "N" clearly with an X)

Have you been employed with the same company for at least six months?	Y	N
Do you earn \$1,000 per month and deposit at least \$500 per month into your checking account?	Y	N
Do you have an active checking account and has it been open three months with at least five transactions in the last 30 days?	Y	N
Does your checking account have any NSF's or excessive overdrafts in the last 30 days?	Y	N

CO-APPLICANTS MUST FILL OUT SEPARATE APPLICATION

If you are the co-applicant, write the Social Security # of the **Main Applicant** here: _____ - _____ - _____

APPLICANT INFORMATION

NAME (First Middle Last)		SOCIAL SECURITY #	DATE OF BIRTH / /
ADDRESS	(APT #)	CITY	STATE ZIP
DRIVERS LICENSE #	STATE OF ISSUANCE	DO YOU RENT? <input type="checkbox"/> OR DO YOU OWN? <input type="checkbox"/>	MONTHS AT RESIDENCE
CELL # ()	PHONE # ()	EMAIL (used for notifications from Progressive only)	

SOURCE OF INCOME (Must be verifiable)

EMPLOYER (S.S., DISABILITY, MILITARY, SELF EMPLOYED)	JOB TITLE	HIRE DATE (MM/DD/YY) / /	MONTHLY INCOME
EMPLOYER CITY, STATE, ZIP	SUPERVISOR	EMPLOYER PHONE / EXT ()	DIRECT DEPOSIT <input type="checkbox"/> YES <input type="checkbox"/> NO
HOW ARE YOU PAID: (COMPLETE ONE BOX)			LAST PAYDAY / /
<input type="checkbox"/> Every week On what day? (circle one) Mon Tues Wed Thurs Fri Sat	<input type="checkbox"/> Every other week On what day? (circle one) Mon Tues Wed Thurs Fri Sat	<input type="checkbox"/> Twice a month On what days? _____ AND _____	<input type="checkbox"/> Once a month On what day? _____
			NEXT PAYDAY / /

BANK INFORMATION (Must match information on voided check and bank statement)

BANK NAME	CHECKING ACCOUNT #	DATE OPENED / /
ROUTING #	[Routing number is a NINE digit number located on bottom left of check]	

PERSONAL REFERENCE INFORMATION

NAME	CITY, STATE	PHONE # ()
1		()
2		()
3		()
4		()

BY SIGNING BELOW, I HEREBY: (1) certify that all information I have provided on this application or in connection herewith is true, correct, and complete. You may contact any person or company that I have listed above and I fully release all parties from all liability for any damage that may result; (2) understand that this application is subject to approval by Progressive at its offices in the State of Utah and that payments are remitted to Utah.

_____/_____/_____
SIGNATURE DATE

