

IF THIS IS A NEW \$1,000.00 VACATION OR BACK TO SCHOOL
LOAN APPLICATION PLEASE INITIAL HERE _____

**THIS FORM MUST BE RETURNED AND
COMPLETED BEFORE ANY LOAN IS
ISSUED**

Please answer the following:

Are you on temporary disability or currently out of work on a job-related injury or collecting workmen's compensation? Yes () No ()

Are you currently out of work for an extended period of time for any other reason?
Yes () No ()

If either answer is yes, please explain on a separate piece of paper. If you are currently out on disability you cannot choose the disability option.

I DO NOT WANT INSURANCE. ()

I DO WANT INSURANCE: ()

(Choose one of the following)

- () Single Life
- () Joint Life
- () Single Disability
- () Single Life & Single Disability
- () Joint Life & Single Disability

Examples of monthly cost of insurance:

Single Life & Single Disability	Payment with insurance	Payment without
\$ 3500.00 @ 13% 24 months	\$ 172.01	\$ 167.56

\$ 5000.00 @ 15% 48 months	\$ 146.82	\$ 140.28
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NAME: _____

SS# _____

Spouse's Name: _____

Spouse's SS # _____

Spouse's Birthdate _____

Home phone # _____

Work phone # _____

Work location _____

**PLEASE CHOOSE ONE OF THE
FOLLOWING LOAN OPTIONS:
(CHECK ONLY ONE)**

\$ 3500 24 MONTHS \$168 13% ()
\$ 3500 36 MONTHS \$120 14% ()
\$ 3500 48 MONTHS \$ 97 15% ()

\$ 5000 24 MONTHS \$240 13% ()
\$ 5000 36 MONTHS \$170 14% ()
\$ 5000 48 MONTHS \$140 15% ()

**BASED ON APPROVAL
& QUALIFICATION**

****REMEMBER THESE ARE
APPROXIMATE FIGURES &
CHANGE OF PAYROLL
DEDUCTION MAY BE
NECESSARY****

SIGNATURE:

Today's Date

FORM # A

Cell Phone# _____

**SEE BACK FOR DETAILS
ABOUT THE \$1,000.00 LOAN**

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Please answer the following:
Do you currently have a loan with any other lender?
If so, please provide the lender's name and address.
If not, please check the box below.

CONDITIONS FOR LOAN SALE

- \$ 1,000.00 MAXIMUM***
- REPAYMENT OF 12 MONTHS OR LESS**
- REQUIRES SINGLE LIFE &
SINGLE DISABILITY
(IF QUALIFY)**
- CANNOT BE REFINANCED**
- MAY BE SUBJECT TO A
CO-SIGNER**
- RISK BASED LENDING DOES NOT APPLY**
- LIMITED TIME ONLY**

***MUST QUALIFY**

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

WORK: _____

SIGNATURE: _____

DATE: _____

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