



PAYDAY LOAN APPLICATION

Your Info

Returning customer? Y N Social Security # _____

Last Name _____ First Name _____ Middle Initial _____

Street Address _____ Apt # _____

City, State & Zip _____

Home Phone _____ Cell Phone _____

Drivers License # _____ Drivers Lic. Exp _____ Drivers Lic. State _____

Birth Date _____ Place of Birth _____

How did you hear about us? Saw the store Friend referral Advertisement

Email Address _____ Time at Current Home Years _____ Months _____
Rent Own

Your Employer Info

Employer _____ Date of Hire _____

Address _____ Pay Frequency Every 2 Weeks Twice Monthly Weekly Monthly

Department _____

City, State & Zip _____ Next Pay Date _____

Work Phone _____ Ext _____ Net Income per Pay Period \$ _____

Your Job Title _____

Your Supervisor _____ Direct Deposit ?

Your References

First Name _____ Last Name _____ **1**

City, State & Zip _____

Relationship _____ Phone _____

First Name _____ Last Name _____ **2**

City, State & Zip _____

Relationship _____ Phone _____

First Name _____ Last Name _____ **3**

City, State & Zip _____

Relationship _____ Phone _____

Read Before Signing

#1) I certify that all the information supplied by me is true and correct. #2) I authorize CashStand or its contractors and affiliates to contact any persons or companies to verify information that CashStand may require now and in the future. #3) Any false statement by me is sufficient basis for rejection. #4) I acknowledge that this application and any other documents provided by CashStand are the property of CashStand. #5) I certify that I am at least 18 years old. #6) I acknowledge that if I fail to fulfill the terms of my credit obligation, that CashStand can report this negative information to one or more credit reporting agencies. #7) I am not currently in bankruptcy nor planning to file for bankruptcy relief.

Signature _____ Date _____

v 5.1

Office Use Only	eDeposit <input type="checkbox"/> or CashPass Card # _____ <input type="checkbox"/> 2% <input type="checkbox"/> \$6.95 Loan Due Date: _____
	Check # _____ Bank/Routing # _____ Check Acct # _____
	\$ to Cust \$ _____ .00 Fee \$ _____ Total \$ _____ Office Name: _____ Your Name: _____