

PLATINUM FINANCING PROGRAM

CONSUMER CREDIT APPLICATION

CUSTOMER INFORMATION

Name: _____

Soc Sec No: _____

Home Address: _____

City: _____ State: _____

Zip: _____

Phone: _____

Work Phone: _____

Date of Birth: _____

Employer: _____

Job Title: _____

Owns Residence (Y or N): _____

% Owned (if Yes): _____

Years of Residence: _____

CO-SIGNER INFORMATION

Name: _____

Soc Sec No: _____

Home Address: _____

City: _____ State: _____

Zip: _____

Phone: _____

Work Phone: _____

Date of Birth: _____

Employer: _____

Job Title: _____

Owns Residence (Y or N): _____

% Owned (if Yes): _____

Years of Residence: _____

CREDIT HISTORY (HAVE/DO YOU)

Filed for Bankruptcy?

 Yes No

Had any Charge-offs or Collection Accounts?

 Yes No

Had a Lien Placed against you?

 Yes No

Have any Open Judgments or Suits?

 Yes No

FINANCED TRANSACTION

Term Requested (select one):

 24 Months 36 Months 39 Months 42 Months 48 Months 60 Months

Amount to be financed: _____

DECLARATION

Applicant warrants that all credit and financial information submitted SHOPRIDER and/or its assigns herewith or at any time is true and correct, and authorizes SHOPRIDER and/or its assigns, to investigate applicants credit worthiness as may needed. The undersigned authorizes all banking institutions, credit reporting agencies and its agents to release all necessary information via telephone, mail, email, or facsimile as requested, for the purpose of securing financing.

Provider Name: _____

Phone: _____

Contact Person: _____

Customer Name: _____

Customer Signature: _____

Date: _____