

Merchant Name \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_  
 Date of Application \_\_\_\_/\_\_\_\_/\_\_\_\_ Amount Requested \$ \_\_\_\_\_ Down Payment (if any) \$ \_\_\_\_\_  
 Merchandise Financed \_\_\_\_\_ Decision Power Tracking Number \_\_\_\_\_



**APPLICATION**

APPLICANT - Please read the following before completing this form: (1) Applicant represents that the information given in this application is complete and accurate and authorizes us to check with credit reporting agencies, credit references and other sources disclosed herein in investigating the information given, (2) Married applicants may apply for an individual account, I am applying for ( ) INDIVIDUAL CREDIT ( ) JOINT CREDIT or ( ) INDIVIDUAL CREDIT but relying on income or assets of another person as a basis for repaying the credit requested.

Name (First, Middle, Last, Suffix)		Social Security Number		Date of Birth		Drivers License Number		Drivers License State			
Home Phone Number		Cell Phone Number		E-mail Address							
Present Street Address		City, State, Zip		City, State, Zip				How Long?			
Present Mailing Address (if different from Street Address)		City, State, Zip									
Purchase <input type="checkbox"/> Buying Home <input type="checkbox"/> Buying Mobile Home/Rent Lvt. and <input type="checkbox"/> Buying Mobile Home with No Land <input type="checkbox"/> Buying Mobile Home/Own Land		Homeowner <input type="checkbox"/> Own Home <input type="checkbox"/> Own Mobile Home/No Land <input type="checkbox"/> Own Mobile Home/Own Land		Non-Homeowner <input type="checkbox"/> Lease Home with Option To Buy <input type="checkbox"/> Rent Home <input type="checkbox"/> Rent Apartment <input type="checkbox"/> Live with Relatives <input type="checkbox"/> Other		Payments per Month \$					
Landlord/Mortgage Company		Landlord/Mortgage Company Phone #		Purchase Price		Balance Owning		Current Value			
Payments per Month \$				City, State, Zip		Payments per Month \$		Down Payment			
Previous Address (if current address is less than 2 years)											
Employer Name and Address											
Phone Number		Position		Date of Employment		Gross Monthly Income		Net Monthly Income			
Previous Employer Name and Address (if current employment less than 2 years)											
Phone Number		Position		Date of Employment		Gross Monthly Income		Net Monthly Income			
Have you ever had an account with 1 <sup>st</sup> Franklin Financial? ( ) Yes If Yes, please indicate date ( ) No of loan ____/____/____		Do you own other Finance Companies? ( ) Yes ( ) No		Have you ever filed for bankruptcy? ( ) Yes ( ) No		Marital Status - need not be disclosed if applying for individual credit ( ) Married ( ) Unmarried ( ) Separated		Credit Reference		Bank Reference Bank Name: _____ ( ) Checking Account # _____ ( ) Savings Account # _____	
Nearest Relative		Address (Street, City, State, Zip)		Address (Street, City, State, Zip)		Phone Number					
Nearest Relative		Address (Street, City, State, Zip)		Address (Street, City, State, Zip)		Phone Number					
Name (First, Middle, Last, Suffix)		Social Security Number		Date of Birth		Home Phone Number					
Cell Phone Number		Drivers License #		Drivers License State		E-mail Address					
Present Street Address (if different from above)		City, State, Zip						How long?			
Employer Name and Address											
Phone Number		Position		Date of Employment		Gross Monthly Income		Net Monthly Income			
Pay Days											

**CO-APPLICANT INFORMATION**

PLEASE SIGN		Date ____/____/____		Applicant's Signature _____		Date ____/____/____	
Applicant's Signature _____		Date ____/____/____		Applicant's Signature _____		Date ____/____/____	

If a third party (example - employer or creditor) requires proof of authorization please cut at line and fax lower part to the third party.

The information I have stated in my credit application is complete and correct, and no material debts have been omitted. I hereby authorize you to obtain, verify or confirm any information about me, or my credit and employment history, from credit reporting agencies, directly from my creditors, my landlord or other businesses or individuals, as well as my current or former employers. I consent to such persons or entities providing such information to you.

Applicant's Name Printed \_\_\_\_\_ Applicant's Signature \_\_\_\_\_  
 Co-Applicant's Name Printed \_\_\_\_\_ Co-Applicant's Signature \_\_\_\_\_  
 SF-4 (6/05)