



OFFICE LOCATION (OFFICE USE ONLY)

STATUS: APPROVED DENIED FAXED ___/___/___

No Credit Check Loan Application

Please Print Application Information

\$79.00 Account Setup Fee Collected

ALL FIELDS MUST BE COMPLETED. ANY FIELD LEFT BLANK WILL RESULT IN A PENDING STATUS.

CO-APPLICANTS MUST FILL OUT SEPARATE APPLICATION

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

_____ -- _____ -- _____

APPLICANT INFORMATION: *Please tell us about yourself.*

FIRST NAME	MIDDLE	LAST NAME	SOCIAL SECURITY #	DATE OF BIRTH (mm/dd/yyyy)
			- -	/ /
ADDRESS	APT #	CITY	STATE	ZIP
				HOUSING INFORMATION
				<input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> OTHER
HOME PHONE #	CELL PHONE #	OTHER PHONE #	E-MAIL (required)	
()	()	()		

SOURCE OF PRIMARY INCOME (Must be verifiable)

EMPLOYER	OR			
	<input type="checkbox"/> Social Security <input type="checkbox"/> Retirement <input type="checkbox"/> Pension <input type="checkbox"/> Disability <input type="checkbox"/> Self-Employment			
EMPLOYER CITY, STATE	EMPLOYER PHONE / EXT.	SUPERVISOR	JOB TITLE	HIRE DATE (mm/dd/yyyy)
	()			/ /
MONTHLY INCOME (PERSONAL)	HOW ARE YOU PAID?			
\$	<input type="checkbox"/> WEEKLY <input type="checkbox"/> BI-WEEKLY <input type="checkbox"/> MONTHLY			
IS YOUR PAYCHECK DIRECT DEPOSITED TO YOUR BANK ACCOUNT?			<input type="checkbox"/> YES <input type="checkbox"/> NO	
			Alimony, child support or maintenance income need not be disclosed unless relied upon for credit.	

ACH BANK OR CREDIT/DEBIT ACCOUNT INFORMATION (Must be verifiable)

BANK NAME	CHECKING ACCOUNT #	DATE OPENED (APPROX.) (mm/dd/yyyy)	
		/ /	
ROUTING # (NINE digit number located on bottom left corner of check)	CREDIT/DEBIT CARD # & TYPE (VISA, MC, AMEX)	EXP. DATE	SECURITY CODE
		/	

PERSONAL REFERENCE INFORMATION

NAME	CITY, STATE	PHONE #	RELATIONSHIP
		()	
		()	
		()	
		()	

TERMS:	TOTAL PURCHASE: \$.	TERM: 12 MONTHS	1ST PMT: / /
	LESS DOWN PAYMENT (50%): \$.	PAYMENT: \$.	FREQUENCY:
	BALANCE DUE: \$.	METHOD: <input type="checkbox"/> CREDIT <input type="checkbox"/> DEBIT <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	

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 PurTone Hearing Centers LLC management. This loan grants PurTone a security interest in the goods purchased as permitted by Arizona law. I understand that I will be responsible for paying the entire amount of credit extended, even as a co-applicant.

SIGNATURE

_____/_____/_____
DATE

FAX: 602-680-3983
Rev. 041211AZ