

INDIVIDUAL LOAN

JOINT LOAN

OGDEN LEASING CREDIT APPLICATION

AMOUNT APPLIED FOR & PURPOSE OF LOAN _____

NOTE: Any willful misrepresentation on this Application could result in a fine and/or imprisonment under provisions of the U.S. criminal code.

FIRST NAME (PLEASE PRINT OR TYPE)	INITIAL	LAST NAME	BIRTHDATE / /	SOCIAL SECURITY NUMBER
RESIDENCE ADDRESS	CITY	STATE	ZIP CODE	AT PRESENT ADDRESS YEARS MONTHS
PREVIOUS ADDRESS	CITY	STATE	ZIP CODE	AT PREVIOUS ADDRESS YEARS MONTHS
RENTING FURNISHED <input type="checkbox"/>	LANDLORD OR MORTGAGE HOLDER & ADDRESS			RENT OR PMT. VALUE
RENTING UNFURNISHED <input type="checkbox"/>				BALANCE
BUYING <input type="checkbox"/>				
EMPLOYED BY	HOW LONG		POSITION	MONTHLY INCOME NET
COMPLETE BUSINESS ADDRESS				OFFICE TELEPHONE
PREVIOUS EMPLOYER	HOW LONG		POSITION	MONTHLY INCOME NET
OTHER INCOME (Describe)				MONTHLY AMOUNT \$
NAME OF NEAREST RELATIVE NOT LIVING WITH ME		ADDRESS	CITY	RELATIONSHIP

IF YOU ARE MARRIED, AND YOUR SPOUSE WILL BE CONTRACTUALLY LIABLE FOR ANY CREDIT GRANTED AS A RESULT OF THIS APPLICATION, OR YOUR SPOUSE WILL USE ANY CREDIT GRANTED AS A RESULT OF THIS APPLICATION, OR YOU ARE RELYING ON JOINTLY-OWNED PROPERTY OR YOUR SPOUSE'S INCOME TO QUALIFY FOR THIS EXTENSION OF CREDIT, PLEASE FILL OUT THE FOLLOWING PORTION OF THIS APPLICATION.

SPOUSE'S FIRST, MIDDLE & LAST NAME _____ SPOUSE'S NAME PRIOR TO MARRIAGE _____

SPOUSE'S EMPLOYER _____ POSITION _____ HOW LONG _____ SALARY _____

IF YOU ARE OBLIGATED TO PAY ALIMONY, CHILD SUPPORT OR MAINTENANCE, PLEASE FILL OUT THIS SECTION.

AMOUNT OF ALIMONY _____ AMOUNT OF CHILD SUPPORT _____ AMOUNT OF MAINTENANCE _____

NAME OF PAYEE _____ ADDRESS OF PAYEE _____

INCOME FROM ALIMONY, CHILD SUPPORT OR MAINTENANCE NEED NOT BE REPORTED ON THIS APPLICATION UNLESS YOU ELECT TO DO SO. IF YOU SO ELECT, PLEASE FILL OUT THIS SECTION.

AMOUNT OF ALIMONY _____ AMOUNT OF CHILD SUPPORT _____ AMOUNT OF MAINTENANCE _____

NAME OF PAYOR _____ ADDRESS OF PAYOR _____

YEAR AUTO MAKE MODEL	YEAR AUTO MAKE MODEL			
NAME & ADDRESS OF AUTOMOBILE INSURANCE AGENT				
NAME OF YOUR BANK	ADDRESS	ACCOUNT NUMBER	CHECKING <input type="checkbox"/>	SAVINGS <input type="checkbox"/>
CURRENT DEBTS & CREDIT REFERENCES ---- OPEN AND PAID	PRESENT BALANCE \$	MONTHLY PAYMENT \$		

HAVE YOU BEEN BANKRUPT IN THE LAST 14 YEARS, OR HAD ANY JUDGEMENTS OR GARNISHMENTS AGAINST YOU IN THE LAST 7 YEARS? YES NO

NOTICE: THE CREDITOR MAY CAUSE A CREDIT INVESTIGATION TO BE MADE CONCERNING YOUR CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS, AND MODE OF LIVING AMOUNT YOUR FRIENDS, NEIGHBORS, ASSOCIATES, CONSUMER REPORTING AGENCIES, AND OTHER SOURCES TO BE CONSIDERED A PART OF THIS APPLICATION. YOU HAVE THE RIGHT TO MAKE WRITTEN REQUEST FOR A COMPLETE AND ACCURATE DISCLOSURE OF INFORMATION CONCERNING THE NATURE AND SCOPE OF AN INVESTIGATIVE REPORT, IF SUCH A REPORT IS OBTAINED BY THE CREDITOR.

THE UNDERSIGNED JOINTLY AND SEVERALLY AGREE TO PAY ALL CHARGES MADE BY AUTHORIZED USERS OF THIS CREDIT.

I certify that the above information is accurate and complete, and also certify that I have received a copy of the Equal Credit Opportunity Act Notice.

X _____ **X** _____ **Date:** _____