			WHEE	LS ANI	D DE/	\LS				
APPLICAN	T NAME:		DATE OF BIRTH:			SOCIAL SEC	SOCIAL SECURITY NUMBER:			
AGE:	MARITAL STATUS:	DEPENDANTS:								
DRIVERS LICENSE NUMBER:			CELL PHONE:	ELL PHONE:			HOME PHONE NUMBER:			
EMAIL AD	DRESS:		HOW DID YOU HEAR ABOUT US?							
CURRENT STREET ADDRESS:			CITY:			STATE:	ZIP	HOW L	ONG LIVED HERE?	
( ) RENT ( ) LIVE WITH PARENTS ( ) LIVE WITH RE				LATIVE ( ) LIVE WITH FRIEND			MONTHLY RENT OR MORTGAGE PAYMENT:			
NAME OF LANDLORD OR MORTGAGE COMPANY ADDRESS:( COMPLETE w/ CITY , STATE, ZIP)							PHONE NUMBER:			
PREVIOUS ADDRESS: (COMPLETE w/ CITY, STATE, ZIP)							HOW LONG LIVED HERE:			
PREVIOUS ADDRESS: (COMPLETE w/ CITY, STATE, ZIP)							HOW LONG LIVED HERE:			
CURRENT EMPLOYER: ADDRESS: (COMPLETE w/ CITY, STATE, ZIP)							PHONE NUMBER:			
JOB TITLE:			SUPERVIOR NAME:				HOW LONG	HOW LONG ON THE JOB?		
PREVIOUS EMPLOYER: ADDRESS: (COMPLETE w/ CITY, STATE, ZIP)							HOW LONG ON THE JOB?			
HOW OFTEN DO YOU GET PAID?				I PAYDAY?		DATE OF YO	DATE OF YOUR NEXT PAYDAY?			
OTHER INCOME SOURCE:			AMOUNT: HOW OF		HOW OFTEN	N:	DO YOU HAVE DIRECT DEPOSIT OF YOUR CHECK?  ( ) YES ( ) NO			
OTHER INCOME SOURCE:			AMOUNT: HOW OFTER			<b>1</b> :	WOULD YOU AGREE TO SIGN UP FOR AUTO DEBIT?  ( ) YES ( ) NO			
WHAT IS THE NAME OF YOUR BANK?			!		WHAT TYPE OF ACCOUNTS DO YOU HAVE?  ( ) CHECKING ( ) SAVINGS					
Routing N	umber:		Acct Number:	, , , ,	- ( , -		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
	ERENCE NAME:				E W/ CITY, STATE, ZIP			PHONE NUMBER		
MOTHER:			<u> </u>							
FATHER:								,		
OTHER RE	LATIVE:									
OTHER RE	LATIVE:									
FRIEND:										
FRIEND:										
I authorize yo	u to investigate my credit record and any	statements made here.	This application and	all documentation s	hall remain the p	roperty of Wheels an	d Deals regardles	s if credit is app	proved or denied.	
Signature:Date:_										