

# Consolidated Credit Application Cartersville Jewelry Exchange

NAME				First _____	Middle _____	Last _____
CURRENT ADDRESS						
CITY, STATE AND ZIP						
Mailing address if different						
Number of years at current address						
Housing Information:		Parent/relative <input type="checkbox"/>	Own <input type="checkbox"/>	Rent <input type="checkbox"/>	Other <input type="checkbox"/>	
Date of Birth		/ /	SS#	-	-	
Phone Number		Cell phone ( )		Home phone ( )		
Email Address						
Monthly net income			Monthly Gross Income			
<small>Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.</small>						
Where are you employed			Employers number			
How long have you been employed there?			Job Title			
Employer's Information		City, State, Zip			Supervisor	
Employment Status		Full time <input type="checkbox"/> Part Time <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Unemployed <input type="checkbox"/> Other <input type="checkbox"/>				
How Are you paid		Every week <input type="checkbox"/> Every other week <input type="checkbox"/> on what day? Mon Tue Wed Thu Fri Sat				
		Twice a month <input type="checkbox"/> On what Days			Once a month <input type="checkbox"/> On what day	
Last pay day		/ /	Next pay day		/ /	
Monthly mortgage or rent?						
Drivers License number						
Do you earn at least \$ 1000 per month and direct deposit at least \$ 500 per month into your checking account? Yes <input type="checkbox"/> No <input type="checkbox"/>						
Has your checking account been established for at least 90 days? Yes <input type="checkbox"/> No <input type="checkbox"/>						
Does your checking account have any NSF's or excessive overdrafts in the last 30 days? Yes <input type="checkbox"/> NO <input type="checkbox"/>						
Have you been employed by the same company at least six months? Yes <input type="checkbox"/> No <input type="checkbox"/>						
Do you have an active checking account and has it been opened 3 months with at least 5 transactions in the last 30 days? Yes <input type="checkbox"/> No <input type="checkbox"/>						
What is your checking account and routing number? Acct#			Routing #			
Approximate date check account was opened						
		city, state	relationship		phone#	
List two relatives not living with you.						
		1				
		2				
How do you rate your credit?		circle one	poor	fair	good	excellent no credit

I/we certify that all the information contained in the attached application is true and includes a complete representation of all material facts as of this date. In addition, I/we give permission to CJE and/or its representatives or staff to request and receive information required to verify employment, depository accounts and credit history. This includes permission to run credit check reports and obtain all the information necessary to complete the application for service requested.

Actual credit would be approved or declined, and would be supplied by a third party vendor, and not CJE.

Signature of Applicant X \_\_\_\_\_ Date \_\_\_\_\_