



AIR COOL P.P.S.

P. PROFESSIONAL SERVICES
AIR CONDITIONING & HEATING

CREDIT APPLICATION

DATE DD / MM / YY

TOTAL \$ _____

DOWN PAYMENT \$ _____

SCORE

SCORE

APPLICANT			CO-APPLICANT		
LAST NAME	FIRST NAME	M. NAME	LAST NAME	FIRST NAME	M. NAME
S.S.N	D.O.B <u>DD / MM / YYYY</u>		S.S.N	D.O.B <u>DD / MM / YYYY</u>	
DL / ID	Exp <u>DD / MM / YYYY</u>		DL / ID	Exp <u>DD / MM / YYYY</u>	
PERSONAL PHONE	ALTERNATE PHONE		PERSONAL PHONE	ALTERNATE PHONE	
ADDRESS			ADDRESS		
CITY	ST.	ZIPE CODE	CITY	ST.	ZIPE CODE
Previous Address if current address is less than 2 years (Street, City, State, Zip)			Previous Address if current address is less than 2 years (Street, City, State, Zip)		

MORTGAGE INFORMATION			
STATUS	MORTGAGE COMPANY	MONTHLY PAYMENT	HOW LONG YOU'VE BEEN LIVING ON THE PROPERTY
PAID <input type="checkbox"/> MORTGAGED <input type="checkbox"/> RENT <input type="checkbox"/>		\$ _____	

INCOME INFORMATION			INCOME INFORMATION		
COMPANY	YEARS WORKING	SALARY	COMPANY	YEARS WORKING	SALARY
POSITION	BUSINESS PHONE		POSITION	BUSINESS PHONE	

NOTICE: ALIMONY, CHILD SUPPORT OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED IF YOU DO NOT CHOOSE TO HAVE IT CONSIDERED. (ATTACH COPY OF COURT DECREE AND 6 MONTHS)

SOURCE OF OTHER INCOME (MUST BE VERIFIABLE)	SOURCE OF OTHER INCOME (MUST BE VERIFIABLE)
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PERSONAL REFERENCES		
NAME	RELATIONSHIP	PHONE NUMBER
NAME	RELATIONSHIP	PHONE NUMBER
NAME	RELATIONSHIP	PHONE NUMBER

You warrant the truth of the above information and You realize that it will be relied upon by Us in deciding whether or not to grant the credit applied for. You hereby authorize Us, our employees and agents to investigate and verify any information provided to Us by You. If this application is for any Feature Category contained in Our Open-End Loan Account Plan, You agree and understand that if approved, You are contractually liable according to the applicable terms of the Open-End Loan Account Agreement and Disclosures. You will receive a copy of that Agreement and Disclosures no later than the time of Your first credit advance and You promise to pay all amounts charged to Your Account according to its terms. If this is a joint application, You agree that such liability is joint and several. You authorize Us to accept Your facsimile signatures on this application and agree that Your facsimile signature will have the same legal force and effect as Your original signature. You assume any risk that may be associated with permitting Us to accept Your facsimile signature. You must be 18 years or older to apply for and you hereby acknowledge your intent to apply for joint credit.

APPLICANT'S INITIALS _____ CO-APPLICANT'S INITIALS _____

SIGNATURE DATE SIGNATURE DATE

DEALER REP. _____ SIGNATURE _____

EMAIL	CITY OF BIRTH	COUNTRY
DEBIT <input type="checkbox"/> CREDIT <input type="checkbox"/>	NUMBER	EXP. <u>MM / YY</u> CVV
MASTER CARD <input type="checkbox"/> VISA <input type="checkbox"/> OTHER _____		