



# LOAN APPLICATION

App#: \_\_\_\_\_

**IL - CHICAGO**

4454 N. Western, Chicago, IL 60625, Phone (773) 539-8900, Fax (773) 290-5060

**IL - WHEELING**

530 W. Dundee Rd., Wheeling, IL 60090, Phone (847) 403-0040, Fax (847) 403-0045

<b>AUTOMOBILE &amp; PERSONAL LOANS</b>	Loan Requested \$ _____	Type of Loan: <input type="checkbox"/> Unsecured <input type="checkbox"/> Auto <input type="checkbox"/> Furniture
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**If this is an application for joint credit with another person, each applicant must complete a separate application form and complete all sections of each form. Each applicant must also complete this section of the other joint applicant's application form.  We intend to apply for joint credit.**

APPLICANT \_\_\_\_\_ INITIAL \_\_\_\_\_ JOINT APPLICANT \_\_\_\_\_ INITIAL \_\_\_\_\_

DO YOU/YOUR SPOUSE/YOUR CHILD/YOUR DEPENDENT HAVE ANY PRESENT INTENTIONS OF ENLISTING IN ANY BRANCH OF THE ARMED FORCES OF THE UNITED STATES?  YES  NO

ARE YOU/YOUR SPOUSE/YOUR CHILD/YOUR DEPENDENT ON ACTIVE DUTY?  YES  NO

ARE YOU/YOUR SPOUSE/YOUR CHILD/YOUR DEPENDENT ON ACTIVE GUARD & RESERVE DUTY?  YES  NO

A P P L I C A N T	FIRST NAME / NOMBRE _____		MIDDLE NAME / 2do NOMBRE _____		LAST NAME / APELLIDOS _____	
	SOCIAL SECURITY # / SEGURO SOCIAL NO. _____		DRIVERS LICENSE # / LICENCIA DE CONDUCIR # _____		DATE OF BIRTH / FECHA DE NACIMIENTO MONTH / MES / DAY / DIA / YEAR / AÑO _____	
	<input type="checkbox"/> MARRIED / CASADO(A) <input type="checkbox"/> SEPARATED / SEPARADO(A) <input type="checkbox"/> UNMARRIED (including single, divorced, & widowed) <i>No Casado(A) (Incluyendo Soltero, Divorciado &amp; Viudo)</i>		NUMBER OF DEPENDENTS / DEPENDIENTES _____		HOME PHONE # / TELEFONO # _____	
					CELL # / # CELULAR _____	
					PAGER # _____	
					WILL CALL # / # DONDE LOCALIZARLO _____	
	STREET ADDRESS / DIRECCION _____		APT.# _____		CITY / CIUDAD _____	
					STATE / ESTADO _____	
					ZIP / CODIGO POSTAL _____	
	<input type="checkbox"/> OWN / PROPIO <input type="checkbox"/> RENT / RENTA		LIVE WITH: / VIVE CON <input type="checkbox"/> PARENTS PADRES <input type="checkbox"/> FRIENDS AMIGOS <input type="checkbox"/> RELATIVES FAMILIARES		HOW MANY PEOPLE / CUANTAS PERSONAS _____ RENT / MORTGAGE RENTA \$ _____ HOW LONG: YEARS MONTHS HACE CUANTO: AÑOS MESES _____	
MORTGAGE HOLDER / LANDLORD / DUEÑO _____			ADDRESS / DIRECCION _____			
PREVIOUS ADDRESS / DIRECCION ANTERIOR _____			CITY / CIUDAD _____			
			STATE / ESTADO _____			
			ZIP / CODIGO POSTAL _____			
			PHONE # / TELEFONO _____			
E-MAIL ADDRESS / CORREO ELECTRONICO _____						

E M P L O Y M E N T	PRESENT EMPLOYER / EMPRESA DONDE TRABAJA _____		HOW LONG: YEARS MONTHS HACE CUANTO: AÑOS MESES _____		SALARY WEEKLY \$ SALARIO SEMANAL _____	
	ADDRESS / DIRECCION _____		CITY / CIUDAD _____		STATE / ESTADO _____	
					ZIP / CODIGO POSTAL _____	
					PHONE # TELEFONO _____	
	OCCUPATION / OCUPACION _____		SUPERVISOR / SUPERVISOR (A) _____		NAME UNDER WHICH EMPLOYED _____	
	2 <sup>ND</sup> JOB / 2do TRABAJO _____		ADDRESS / DIRECCION _____		PHONE # / # TELEFONO _____	
PREVIOUS EMPLOYER / TRABAJO ANTERIOR _____		ADDRESS / DIRECCION _____		PHONE # / # TELEFONO _____		
<p>Alimony, child support or separate maintenance income need not be disclosed if you do not wish to have it considered as a basis for repaying this obligation.</p> <p>Other Income: \$ _____ per _____ Source (s) Name of Employer (s) _____</p>						

R E F E R E N C E	PERSONAL REFERENCE / REFERENCIA _____		ADDRESS / DIRECCION _____		PHONE # / # TELEFONO _____	
	PERSONAL REFERENCE / REFERENCIA _____		ADDRESS / DIRECCION _____		PHONE # / # TELEFONO _____	
	NEAREST RELATIVE / FAMILIAR CERCANO		NAME / NOMBRE _____		PHONE # / # TELEFONO _____	
	<input type="checkbox"/> MOTHER / MADRE <input type="checkbox"/> FATHER / PADRE <input type="checkbox"/> BROTHER / HERMANO <input type="checkbox"/> SISTER HERMANA		ADDRESS / DIRECCION _____			

HOW DID YOU HEAR ABOUT US:  YELLOW PAGES  FRIEND  PAST CUSTOMER  RADIO  INTERNET  OTHER, SPECIFY \_\_\_\_\_

I certify that the information provided above is accurate and complete and that this application is being made to Turner Acceptance ("Turner") for the purpose of determining my eligibility for the credit requested above. I understand that Turner will retain this application, whether or not my credit request is approved. I agree that Turner is authorized to make all inquiries it deems necessary to verify the accuracy of the information provided herein. I agree that Turner may obtain a consumer credit report periodically from one or more consumer reporting agencies (credit bureaus) in connection with the proposed transaction and any update, renewal, refinancing, modification or extension of that transaction or reconsideration of the proposed transaction. If I ask, I will be told whether a credit report was requested, and if so, the name and address of any credit bureau from which Turner obtained my credit report. I further authorize Turner to contact my references noted above and to gather whatever other credit and employment history it considers necessary and appropriate in evaluating this application and any other applications submitted in connection with the proposed transaction. I hereby expressly consent to be contracted by an auto dialer or any similar artificial or prerecorded voice call to be placed to any telephone number provided to Turner, including my cellular telephone number provided herein.

**SIGNATURE OF APPLICANT X \_\_\_\_\_ DATE \_\_\_\_\_**