



Must be 19 years old to apply.

Customer Application:

NAME _____

HOME NUMBER (____) _____ CELL NUMBER (____) _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

EMPLOYMENT/ INCOME:

NAME _____ HOW LONG EMPLOYED? _____

WORK NUMBER (____) _____ EXT _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PAYMENT TYPE: WEEKLY ___ BI- ___ DAY ___ /MONTHLY ___ DATE _____

DIRECT DEPOSIT: YES ___ NO ___

BANK NAME _____ OVER DRAFT PROTECTION: YES ___ NO ___

HAVE YOU EVER FILED OR FILING BANKRUPTCY? _____ WHEN? _____

DO YOU HAVE ANY OUTSTANDING PAYDAY LOANS? _____ HOW MUCH? _____

PERSONAL REFERENCE

NAME	/ PHONE NUMBER	/ RELATIONSHIP
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1 st Reference (Parents) _____	/ (____) _____	/ _____
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2 nd Reference _____	/ (____) _____	/ _____
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3 rd Reference _____	/ (____) _____	/ _____
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4 th Reference _____	/ (____) _____	/ _____
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HOW DID YOU HEAR ABOUT US? _____

READ STATEMENT BEFORE SIGNING:

I certify that the information on this order form is correct. I authorize complete verification of all that I have provided, including banking information. You may contact any person, or company listed above, or a consumer credit reporting agency and I fully release all parties from all liability for any damage that may result. I understand that Granny's Cash will not pull a normal credit check, but may perform a search with a database. The database will be a national or local database of consumers who have a record of transactions with certain sub-prime lending institutions. I agree to and authorize such a search and credit analysis. I agree that this application and any supporting documentation provided with this is the property of Granny's Cash. If any information is found to be false, my application may be rejected.

I understand that if I get approved, I will be required to sign a Waiver of Trial by Jury and Arbitration Provisions. By signing below, I agree that these two will remain in effect if I cancel or terminate the transaction and will apply to any disputes I may have about this application.

1st _____ Date _____