

VIVACITY, INC. CREDIT APPLICATION

Application Date	Amount Required	Purpose of Loan	Driver's License #	DL State
PRIMARY APPLICANT - Name (Last Name, Middle Name First Name)		Date of Birth	Social Security #	Marital Status
Physical Address (Street or PO, City, State Zip Code)				Years ? Months ?
Landlord/Mortgage Holder			Phone	Years ? Months ?
Mailing Address (Street or PO, City, State Zip Code)				Payment
Previous Address (If Applicable)			Years ? Months ?	Years ? Months ?
Home Phone Number			Cell Phone Number	Cell Phone Provider
Employer Name (1)		Employer Address		Employer Phone
Position		Pay	Date of Hire	Net Monthly Income
Supervisor		Hours Worked	Length of Employment	
Employer Name (2)		Employer Address		Employer Phone
Position		Pay	Date of Hire	Net Monthly Income
Supervisor		Hours Worked	Length of Employment	
Previous Employer				Years ? Months ?
Vehicle (Year, Make, Model, VIN)			Title Holder	
Bank				
Additional Income (Description)		Monthly Net	Additional Income (Description)	Monthly Net
				Total Monthly Net Income
JOINT APPLICANT OR CO-MAKER - Name (Last Name, Middle Name First Name)		Monthly Net	Date of Birth	Social Security #
Physical Address (Street or PO, City, State Zip Code)			Joint Or Co-Maker ?	
Employer Name				Home Phone Number
Employer Phone				
Previous Bankruptcy	Date Filed	Date Discharged/Dismissed	Referral Type	Name:
				CK# & AMOUNT:
Are you an active duty military member or a dependant of an active duty military member ?			<input type="checkbox"/> YES	<input type="checkbox"/> NO
Description Of Other Monthly Expense		Amount	Total Monthly Expenses	

