

# HERITAGE CASH ADVANCE CUSTOMER APPLICATION

v.1.8.09

I AM NOT \_\_\_\_\_ I AM \_\_\_\_\_ a regular or a reserve member of the Army, Navy, Marine Corps, Air Force or Coast Guard, serving on active duty under a call or order that does not specify a period of 30 days or fewer. I HAVE NOT \_\_\_\_\_ I HAVE \_\_\_\_\_ been a dependent ( spouse, child under the age of 18 or a person who was provided more than 1/2 of my financial support) over the course of the last 180 days of such a member.

Last Name				Social Security #			
First Name		Middle Name		E-mail Address:			
Home Phone #			Cell Phone #		Message Phone #		
Street Address			Apt #	City		State	Zip Code
Length at address	Owner <input type="checkbox"/>	Renter <input type="checkbox"/>	\$/Monthly	Landlord's Name/ Mortgage Co, Address & Phone #			
Drivers License or State ID #				State		Date of Birth	
Are you currently in Bankruptcy ?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Do you plan to file Bankruptcy in the next 30 days?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
<b>EMPLOYMENT</b>				<b>OTHER INCOME</b>			
Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>			Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>		
Employer Name				Employer Name			
Address				Address			
City	State		Zip Code	City	State		Zip Code
Work Phone #		Ext.		Work Phone #		Ext.	
<b>Pay Frequency</b>		<b>Method of Payment</b>		<b>Pay Frequency</b>		<b>Method of Payment</b>	
<input type="checkbox"/> Weekly	Every 2 Weeks <input type="checkbox"/>	<input type="checkbox"/> Direct Deposit	<input type="checkbox"/>	<input type="checkbox"/> Weekly	Every 2 Weeks <input type="checkbox"/>	<input type="checkbox"/> Direct Deposit	<input type="checkbox"/>
<input type="checkbox"/> Monthly	Twice a Month <input type="checkbox"/>	Check <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Monthly	Twice a Month <input type="checkbox"/>	Check <input type="checkbox"/>	<input type="checkbox"/>
Next Pay Date	Length of time at employment		Day of week	Next Pay Date	Length of time at employment		Day of week
Job Title		Work Shift		Job Title		Work Shift	
Supervisor & Title / Phone # & ext.				Supervisor & Title / Phone # & ext.			
<b>TRANSPORTATION</b>				<b>PARENTS / RELATIVES / FRIENDS</b>			
Public <input type="checkbox"/>	Personal <input type="checkbox"/>	Car Make & Model		Name	Relationship	Phone #	H W C
Year	Color	Name	Relationship	Phone #	H W C	Name	Relationship
License Plate #		State	Name	Relationship	Phone #	H W C	Name
<p>The information supplied above by me is true and correct. I authorize Heritage Cash Advance (HCA) to verify the accuracy of this information, which includes my employment and bank account information. HCA may contact any person or company above for verification or to leave a message. Falsification of information may be grounds for rejection. This application and other documents supplied by me are now property of HCA.</p> <p>I authorize HCA to perform a search of various database sites which may house my previous financial experience and check writing experience with other merchants or sub-prime lending institutions.</p> <p>I will be required to sign a Waiver of Jury Trial and Arbitration Provision, upon approval of my application.</p> <p>I am not planning on filing bankruptcy, nor am I currently in the filing process for bankruptcy. I understand that I will be committing fraud, by applying for a loan for the purpose of filing for bankruptcy protection.</p> <p>I have read, understand and agree to the above statements.</p>				<b>How did you hear about us?</b>			
				<input type="checkbox"/> Drive by	<input type="checkbox"/> Mail Advertisement / Flyer	<input type="checkbox"/> Yellow Pages	<input type="checkbox"/> Referred by a friend
Customer Legal signature				Transaction Date			