

THE TIRE EXCHANGE, INC

NAME: LAST		FIRST	MIDDLE	DATE OF BIRTH		SOCIAL SECURITY NO.	
ADDRESS: STREET		CITY	STATE ZIP	RENT/BUYING		PHONE	
EMPLOYEE			EMPLOYER'S ADDRESS			INCOME	
OCCUPATION			SUPERVISOR	HOW LONG		WORK PHONE	
CREDITOR/ADDRESS 1:							
CREDITOR/ADDRESS 2:							
CREDITOR/ADDRESS 3:							
NAME RELATIVE: 1:			ADDRESS		RELATIONSHIP		PHONE
NAME RELATIVE: 2:			ADDRESS		RELATIONSHIP		PHONE
IF JOINT: SPOUSE NAME		FIRST	MIDDLE	DATE OF BIRTH		SOCIAL SECURITY NO.	
EMPLOYEE			EMPLOYER'S ADDRESS			INCOME	

EVERYTHING THAT I HAVE STATED IN THIS APPLICATION IS CORRECT TO THE BEST OF MY KNOWLEDGE.
 I UNDERSTAND THAT YOU WILL RETAIN THIS APPLICATION WHETHER OR NOT IT IS APPROVED.
 YOU ARE AUTHORIZED TO CHECK MY CREDIT AND EMPLOYMENT HISTORY AND TO ANSWER QUESTIONS
 ABOUT YOUR CREDIT EXPERIENCE WITH ME.

SIGNATURE

DATE

SPOUSE SIGNATURE