Social Sec	urity Number							When c	complete, Fax to:	(414) 540-	9314	
Social Sec Social Sec Social Sec First Name					Middle Initia	1	Last Name				Sex (M / F)	
This Name											Years at	
Street Address				or Unit City, State, Zip Code							Address?	
Alternate Mailing Address (if applicable)				Apt or Unit City, State, Zip Code								
Home Phone Number			Cell Phone				Other Phone or Pager					
Driver's License Number			State Date of Birth				Email Address					
Emergency Contact			Relationship				Phone Number					
			Street Address City, State, Zip Code						Phone	Phone Number		
Employer (Company Name)			Title or Position					Employer Phone Number				
Employer's Address			City, State, Zip Code						No of Years at Employer?			
Supervisor's Name			Supervisor's Phone Number includin				extension HR Depa			rtment Phone Number including extension		
Pay Amount Pay Frequency Ne		Jext Pay Date Direct			Deposit? Y/N Start Ti			e? End Time?		ne?	Day(s) Off?	
Additional Source of Income (Part Time Job, Investment, Annuity, Etc.) Amo			nount				Frequen		Direct Deposit? Y / N Deposit Date			
Additional Source of Income (Part Time Job, Investment, Annuity, Etc.) Amo			nount			Pay Frequency			Direct Deposit? Y / N		N Deposit Date	
Bank Name City, State, Zip Code							ount Numl). Ar	Routing Number			
Type of Account (Checking or Savings Account Status? Date of Last Statement Ending Balance Payroll Garnishment? Y / N Payroll Bankruptcy? Street Address									xruptcy? Y / N			
Name of Landlord or Mortgage Co.				City, State, Zip Code								
Rent or Own? Monthly Payment?		Landlor	d or Mortga	age Comp	oany Phone N	umber		Landlord of	or Mortgage C	ompany Cell P	hone or Pager	
Reference Tgrcvkqpuj k			C				ldress ty, State, Zip Code					
Phone Number Cell Pho			one				Other Phone or Pag					
Reference Tgrckqpu			ouj kr				City, State, Zip Code					
Phone Number Cell Phone			ne						Other Phone	Other Phone or Pager		
Reference Tgrcvkqpu			puj kr				ess State, Zip	Code				
Phone Number Cell Phone			ne				0			Other Phone or Pager		
SPOUSAL INFORMATION (WISCONSIN APPLICANTS, ONLY Spouse's Social Security Number												
First Name	n Name (Fe	me (Females, Only)					Last Name					
Street Address if Different Than Above	Different Than Above City, State, Zip Code								Driver's License Number			
me Phone Number Cell phone					Work N				mber, Other Number or Pager			
Employer Position				Supervi					or			
Employer's Address Employer's City, State, Zip Code						Pay Am	ount		Pay Frequenc	y Ne	ext Pay Day	
CREDIT INFORMATION: I understand that INNOVATIVE FINANCIAL SERVICES (IFS) does not perform a lengthy credit check on applications, but has the option to report to the credit bureaus, and does perform a search in the Tele-Track, Check Verification, and Veri-Track databases. These companies are a national database of consumers who have a record of												
I transactions in certain industries includ-ing, but not limited to, di rent-to-own, cable television accounts, consumer finance compa I agree to authorize such a search. PLEASE READ BEFORI information supplied by me is true and correct, and I have ti authorize verification of the truthfulness of all information cont with any firm or person listed above, and I fully release all parti	, check cash furniture sto certify that pay the loan cluding con	c cashing, tre stores. Signature Date ty that the the loan. I Co-Applicant (sign only if filing jointly)										
any damage that may result. Any false statement made by me shall be sufficient basis for rejection. I have read and understood the above state-ments. I acknowledge that this application and any supporting documentation provided with it is the property of IFS.												