

APPLICANT CONSENT TO RECEIVE ASSISTANCE FROM PROVIDER TO COMPLETE THE FINANCING SOLUTION V2.0 ELECTRONIC LOAN APPLICATION PROCESS

APPLICANT INFORMATION			
Name:		Birth Date:	SS #:
Driver License #:		State:	Expiration Date:
Current Address:		City:	State: Zip:
Years at this Address: <input type="checkbox"/> 2 (or Less) <input type="checkbox"/> 3+	<input type="checkbox"/> Rent Family	<input type="checkbox"/> Own <input type="checkbox"/> Live w/	Home Phone:
Are you Self-employed or Retired? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you been employed at least 12 consecutive months and at least 90 days by same employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you currently employed and working at least 30 hours per week? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you have any knowledge of impending job loss? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Name of Employer:			
Employer's Address:		Phone:	
City:		State:	Zip:
Primary Monthly Income:		Additional Monthly Income:	
Monthly Housing Payment:			

IMPORTANT NOTICE TO APPLICANT

YOUR CREDIT APPLICATION AND USE OF CREDITNOVO WEBSITE. BY COMPLETING THIS WRITTEN CREDIT APPLICATION AND BY PROCEEDING WITH THE FINANCING SOLUTION V2.0 ELECTRONIC LOAN APPLICATION PROCESS, YOU HEREBY ACKNOWLEDGE THAT **YOU WILL CAREFULLY READ THE DISCLOSURES, USER NOTICES, AND TERMS AND CONDITIONS** AS CONTAINED IN THE FINANCING SOLUTION V2.0 ELECTRONIC LOAN APPLICATION PROCESS, OR ON THE WWW.CREDITNOVO.COM WEBSITE. If you wish to review printed copies of these Notices, you may request that your Provider provide these copies for you.

YOU UNDERSTAND THAT BY COMPETING THIS WRITTEN CREDIT APPLICATION, YOU ACKNOWLEDGE :

- (a) You wish to apply for credit;
- (b) You authorize the retrieval, viewing and dissemination of your credit data, credit score(s) and application information as may be necessary; in an effort to successfully complete your credit application process and establish a credit relationship between you, a Lender and a Service Provider of goods and/or services;
- (b) You authorize the Provider and/or their staff to assist you in completing the electronic loan application process known as Financing Solutions v2.0.

Name: (Please Print): _____

Signature: _____ Date: _____

PROVIDER MUST RETAIN THIS APPLICATION IN THE CUSTOMER'S FILE