



PHONE: (888)245-6111

FAX Application To: (855)90CREST or (855)902-7378

E-MAIL: APPS@CRESTFINANCIAL.COM

Store Name/Location

Salesman

Fax #

NO CREDIT CHECK APPLICATION

****ALL FIELDS MUST BE COMPLETE. ANY FIELD LEFT BLANK WILL RESULT IN A PENDING RESPONSE.****

CO-APPLICANTS MUST FILL OUT SEPARATE APPLICATION

If you are the co-applicant, write the Social Security number of the **Main Applicant** here:

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APPLICANT INFORMATION

FIRST NAME		INITIAL	LAST NAME		SOCIAL SECURITY #				DATE OF BIRTH	
ADDRESS				APT.#	CITY			STATE	ZIP CODE	
HOME PHONE		CELL PHONE			CELL CARRIER:	DRIVERS LICENSE #		STATE		
()		()								
MONTHS AT RESIDENCE	HOUSING AMOUNT	DO YOU...			AUTO LOAN?		PAYMENT AMOUNT			
		<input type="checkbox"/> RENT <input type="checkbox"/> OWN <input type="checkbox"/> OTHER			<input type="checkbox"/> YES <input type="checkbox"/> NO					
EMAIL ADDRESS (REQUIRED):										

SOURCE OF INCOME (Must be verifiable)

EMPLOYER (S.S., Disability, Military, Self-Employed):	JOB TITLE:	HIRE DATE:	SHIFT/ HOURS WORKED:	MONTHLY INCOME:
EMPLOYER ADDRESS (City, State, Zip):		SUPERVISOR NAME:	PHONE/ EXT.:	DIRECT DEPOSIT?
			()	<input type="checkbox"/> YES <input type="checkbox"/> NO

HOW ARE YOU PAID? (COMPLETE ONE BOX BELOW)

EVERY WEEK			EVERY OTHER WEEK			TWICE A MONTH ON WHAT DAYS?	ONCE A MONTH ON WHAT DAY?	LAST PAYDAY
MON	TUE	WED	MON	TUE	WED			NEXT PAYDAY
THU	FRI	SAT	THU	FRI	SAT	AND		

PERSONAL REFERENCES

Name	PHONE#	RELATIONSHIP
REFERENCE#1	()	
REFERENCE#2	()	
REFERENCE#3	()	

BANK INFORMATION

BANK NAME	CHECKING/ SAVINGS ACCOUNT #	DATE ACCOUNT OPENED
ROUTING NUMBER		

By signing below, I hereby: (1) Certify that all information I have provided on this application or in connection herewith is true, correct, and complete. You may contact any person or company that I have listed above and I fully release all parties from all liability for any damage that may result; (2) understand that this application is subject to approval by Crest Financial at its offices in the State of Utah and that payments are remitted to Utah.

APPLICANT'S SIGNATURE

DATE

Please submit this application along with the following:

- Copy of Valid I.D.
- Copy of Voided Check -OR- Bank Verification Form
- Most recent pay-stub with year to date totals (must have been employed for last 6 months)
- Most recent 30-day bank history with daily balances up until 1 week before application date (account must have been open for 90 days)

