



CREDIT APPLICATION

(Please Print)

APPLICANT INFORMATION

Name (Full): Last		M.I.	First
Date of birth:	SSN:	Phone:	
Current address:			
City:	State:	ZIP Code:	
Additional Phone #s:			
Own Rent (Please circle)	Monthly payment or rent:	How long?	

EMPLOYMENT INFORMATION

Current employer:			
Employer address:			How long?
Phone:	E-mail:	Fax:	
City:	State:	ZIP Code:	
Position:			

CO-APPLICANT INFORMATION, IF FOR A JOINT ACCOUNT

Name:			
Date of birth:	SSN:	Phone:	
Current address:			
City:	State:	ZIP Code:	
Additional Phone #s:			
Own Rent (Please circle)	Monthly payment or rent:	How long?	

CO-APPLICANT EMPLOYMENT INFORMATION

Current employer:			
Employer address:			How long?
Phone:	E-mail:	Fax:	
City:	State:	ZIP Code:	
Position:			

ADDITIONAL APPLICATION INFORMATION

Name of a relative not residing with you:			
Address:			Phone:
City:	State:	ZIP Code:	
Additional Phone #s:			
Relationship:			

SIGNATURE(S)

I authorize MARLO Company to verify the information provided on this form as to my credit and employment history.

Signature of applicant	Date
Signature of co-applicant, if for joint account	Date

NOTE: By signing, if account goes delinquent, applicant will be responsible for any late fees and fees associated with collections.