



UNIVERSAL GUARDIAN ACCEPTANCE, LLC
CREDIT APPLICATION

Credit will be extended to you based on the honesty and accuracy of the information provided along with the ability to pay.

Down Payment: \$	Company Name:	Location:
Loan Amount: \$	Program applying for (Please circle one): Fast Traction Elite -- Traction Advanced -- Traction Basic	Marital Status:

RESPONSIBLE PARTY

Last Name	First Name	Middle Initial	Age	Birth Date	Social Security No.
Address	City	State	Zip	Home Phone w/area code	Cell Phone w/area code
Current Employer	Date Start – Left	Income (Monthly) \$	Your title	Manager Name	Employer's Phone w/area code
Previous Employer	Date Start – Left	Income (Monthly) \$	Your title	Other Income	Previous Employer's Phone w/area code
Landlord or Mortgage Name	Mortgage/Rent (Monthly) \$	Years at Current Residence Years Months	Landlord Phone	Rent or Own (Please circle one)	

CO-APPLICANT MUST BE IMMEDIATE FAMILY MEMBER

Last Name	First Name	Middle Initial	Age	Birth Date	Social Security No.
Relationship	Address	City	State/Zip	Home Phone w/area code	Cell Phone w/area code
Current Work Name	Date Start – Left	Income \$	Your title	Manager Name	Employer's Phone w/area code
Previous Work Name	Date Start – Left	Income \$	Your title	Other Income	Previous Employer's Phone w/area code
Co-Applicant Landlord or Mortgage Name	Amount (Monthly) \$	Lease Date Start – Left	Landlord Phone	Rent or Own (Please circle one)	

REFERENCES (3 Minimum)

Parents Names	City, State	Phone No. w/area code	Mother/Father
Close relative	City, State	Phone No. w/area code	Brother/Sister/Aunt/Uncle
Name	City, State	Phone No. w/area code	Relationship
Name	City, State	Phone No. w/area code	Relationship

I HEREBY ACKNOWLEDGE that I am over the age of eighteen (18) years and that all of the information set forth in this credit application is true, accurate and full and complete disclosure thereof. I hereby authorize any holder of the Retail Installment Contract, this Credit Application or any person, firm or corporation requested to extend credit there under, (including any employee or agent of any of the) to communicate with any person, firm or corporation (including my employer), in respect of such debt. I further authorize any holder of the Retail Installment Contract or Credit Application, the creditor thereof, any Attorney, debt collector or collection agency communicating any and all information concerning this application or debt to any credit reporting agency or other creditor. I further acknowledge and agree, that I will notify the creditor or prospective creditor in writing of any change in my name, address or employment within a reasonable time thereafter.

BUYER SIGNATURE

Printed Name:_____

Date:_____/_____/_____

CO-APPLICANT SIGNATURE

Printed Name:_____

Date:_____/_____/_____