2425 W. Veterans A-2 Vandalia, Illinois 62471 Office (618) 283-4676 Fax (618) 283-4662

York Group

Credit Application

Date:		
PERSONAL INFORMATION		
APPLICANT		
Name:		
S.S. #:		
Address:		
City/State:	Zip:	
Driver's License No		
Telephone #:		
Place of Employment:		
Address:		
City/State:	Zip:	
Telephone:		
How Long on the Job:	Gross Monthly Income:	
JOINT APPLICANT (if appl	icable):	
Name:		
S.S. #:	D.O.B.:	
Address:		
City/State:	Zip:	
Telephone #:		
Place of Employment:		
	Zip:	
Telephone:		
How Long on the Job:	Gross Monthly Income:	
	Telephone:	
Relationship:		

Estimated	Monthly Expenses:
Do you ov	wn or rent your home?
Nearest r	relative not living with youPhone
CREDIT F	REFERENCES
	Acct #:
	Acct #:
Name: Telephon	Acct #: ne Number:
If Pr 2 fe I 3 P	Yes No . Have you ever rented or leased any property? yes when revious landlord
_	
	. Do you have any pets? YES No .

	Name		relationship		
	Name		relationship		
	Name		relationship	phone #	
Add					
true and fa	rsigned do her actual. I give t n given in this	he Lessor		on given to the	Lessor is
Applicant		Date	Joint Applicant		Date