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

CREDIT APPLICATION

Date:		
PERSONAL INFORMATION		
APPLICANT		
Name:		
S.S. #:		
Address:City/State:	7in [.]	
Telephone #:		
Email Address:		
City/State:	Zip:	
Telephone:		
How Long on the Job:	Gross Monthly Income:	
JOINT APPLICANT (if applicable):		
Name: S.S. #:	D O B :	
Address:		
City/State:	Zip:	
Telephone #:		
Email Address:		
Place of Employment:		
	Zip:	
Telephone: How Long on the Job:	Gross Monthly Income:	
Alternate Contact:	Telephone:	
Relationship:		
Estimated Monthly Expenses	s:	

Applicant

Do you own or rent your home	?	
BANK REFERENCE		
Name:		-
Contact:		
Address:		_
City/State:	Zip:	
Checking: Yes No	Account #:	
Savings: Yes No	Account #:	
CREDIT REFERENCES		
Name: Telephone Number:		Acct #:
Name: Telephone Number:		Acct #:
Name: Telephone Number:		Acct #:
I the undersigned do hereby st true and factual. I give the Sell information given in this applicants credit information to to secure third party financing Seller elect to utilize a third pa credit information can be relea	ler permission to v cation. Seller rese o third party lende for this loan. Buy rty lending source	verify any and all rves the right to supply the ers. The Seller has the right er understands that should , then Buyer agrees that all

Joint Applicant

Date

Date