

# EZ CASH

Por favor, escriba con lerra de imprenta  
(Spanish application available upon request)

Date \_\_\_\_\_

## PLEASE PRINT

NAME		BIRTH DATE	SOCIAL SECURITY #	DRIVER LICENSE #	
ADDRESS		APT./FLR.	CITY / STATE / ZIP		HOW LONG
RESIDENCE IS: 1. OWNED <input type="checkbox"/> 2. RENTED <input type="checkbox"/> 1. HOUSE <input type="checkbox"/> 2. APARTMENT <input type="checkbox"/> 3. OTHER <input type="checkbox"/>		HOME PHONE #	WORK PHONE #		CELL PHONE #
EMAIL ADDRESS:					
CURRENT LANDLORD		ADDRESS	CITY / STATE / ZIP		PHONE #
JOB TITLE		EMPLOYER	ADDRESS		CITY / STATE / ZIP
HIRE DATE	SHIFT	DEPARTMENT	SUPERVISOR		PHONE # AND EXTENSION
DAY OF WEEK PAID	WORKING 1. FULL TIME <input type="checkbox"/> 2. PART TIME <input type="checkbox"/> 3. NOT WORKING <input type="checkbox"/>	PAID 1. ONCE A WEEK <input type="checkbox"/> 2. EVERY 2 WEEKS <input type="checkbox"/> 3. ONCE A MONTH <input type="checkbox"/>	TAKE HOME PAY		ADDITIONAL INCOME
			DIRECT DEPOSIT Yes No	MILITARY Yes No	RETIRED YES No SSI YES No

How did you hear about us? TV  RADIO  NEWSPAPER  FRIEND  FLYER

AT LEAST TWO OF THE THREE REFERENCES MUST BE A RELATIVE WHO DO NOT LIVE IN THE SAME HOUSEHOLD.  
PLEASE FILL IN ALL THREE

	NAME	ADDRESS	CITY/STATE/ ZIP	PHONE #	RELATIONSHIP
1					
2					
3					

### RELEASE OF ADDRESS (LOCATION) INFORMATION

The undersigned below hereby consent(s) to the release of information concerning my (our) address or location. In particular, this release shall permit the disclosure of such information regarding the undersigned in possession of any agency or department of any state government or the United States of America, or of any other person or agency, or my (our) current or past employer. This release shall be effective for 24 months from the date below. I (we) understand that certain state and federal law exist which protect my (our) right to privacy by restricting access to state and federal agency files, or files held by third parties. My (Our) signatures below indicate that I (we) have knowingly and voluntarily waived the protection of the state, federal, and common-law right to privacy laws for the limited purpose of proving address information. **The loan is designed as a short-term cash flow solution and not designed as a solution for longer term financial problems. Credit counseling services are available to consumers who are experiencing financial problems. Additional fees may accrue if the loan is late.**

Name: \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_\_

I have read and understand the statement printed to the left:

**READ STATEMENT BEFORE SIGNING:** I certify that the information supplied by me on this form is true and correct. I authorize verification of the truthfulness of all information contained herein, including contact with any person or firm listed above and fully release all parties from all liability for any damage that may result. Any false statement made above shall be sufficient basis for rejection of this order.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

If this is rejected, I may request the reason(s) for same by sending a self-addressed, stamped envelope requesting the reason(s) to: EZ CASH, 300 N. State Blvd., Delmar, DE 19940.