		<b>.</b>				
	-	Rock Cente dit Applicat	•			
IMPORTANT: Please read these directions before com				ow.		
□ If you are applying for individual credit in your own name, and are relying on your own income or assets and not the income or assets of another person as the basis for the						
credit requested, complete only sections A and D.	ne, and are relying on					
$\Box  {\rm If}$ you are applying for joint credit with another person,	complete all Sections,	providing information	n in B about the joir	nt applicant.		
WE INTEND TO APPLY FOR JOINT CREDIT:						
Applica	int	Co	o-Applicant			
□If you are applying for individual credit, but are relying basis for the credit requested, complete all Sections to the income or assets you are relying. <b>IMPORTANT INFORMATION ABOUT PROCEDURES</b>	extent possible, providi				•	5
To help the government fight the funding of terrorism and identification number and other information that will allow us to	money laundering acti		•	,		
information is required. SECTION	A: INFORMATION	REGARDING APP	PLICANT			
Full Name (Last, First, Middle):						
Date of birth:	SSN or Tax ID:			Phone:		
Drivers License No:	State:	Date of Issuance:			Date of Expiration:	
Current address:					1	
City:	State:			ZIP Code:		
Own Rent (Please circle)	Monthly payment or re	ent:		How long at add	Iress?	
Previous address:	revious address:					
y: State:				ZIP Code:		
vned Rented (Please circle) Monthly payment or rent:				How long at address?		
Present Employer: Occupation:					Position or Title:	
How long with Present Employer?			Name of	Supervisor:		
Previous Employer: How long with Previous Employer?						
esent Gross Salary or Commission: \$ per			Present Net Salary or Commission: \$ per			
No. Dependents: Ages of	Dependents:					
Alimony, child support, or separate maintenance income	need not be revealed	d if you do not wis	sh to have it consid	lered as a basis	for repaying this obligation.	
Alimony, child support, or separate maintenance received under: $\Box$	Court Order	Written Agreement	□ Oral Understand	ing		
Other Income: \$ per Sources of Other Income:						
Have you ever applied for credit from us?						
Is any income listed in this Section likely to be reduced before the credit requested is paid off? No						
Checking Acct # Where?		Savings Acct #		Where?		
Name of nearest relative not residing with you:			Rela	tionship:		
Address:			Phone:			
City:	State:		Zip Code:			
SECTION B: INFORMATIC	ON REGARDING JOI	INT APPLICANT (				
Full Name (Last, First, Middle):			Relationship to	Applicant (if any):		
Date of birth: SSN or Tax ID:				Phone:		
Drivers License No:	State:	Da	ate of Issuance:		Date of Expiration:	
Current address:						
ity: State:			ZIP Code:			
Own Rent (Please circle) Monthly payment or rent:				How long at address?		
Previous address:	State:					
City:	ZIP Code:					
Owned Rented (Please circle) Monthly payment or rent:				How long at add	lress?	
Present Employer: Occupation: Position or Title:					Position or Title:	
How long with Present Employer?		Name of Supervisor:				
Previous Employer:	How long with Previous Employer?					
Present Gross Salary or Commission: \$ per	resent Net Salary or Commission: \$ per					

No. Dependents: Ages of I	Dependents:					
Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.						
Alimony, child support, or separate maintenance received under:						
Other Income: \$ per	Sources of Other	r Income:				
Has joint applicant or other party ever received credit from us?	I	Is any income listed	in this Section likely	to be reduced	before the credit requested	
No Yes - When?			In this Section likely		before the credit requested	
Checking Acct # Where?		Savings Acct #		Where?		
Name of nearest relative not residing with you:		Relationship:				
Address:				Phone:		
City: State: ZIP Code:						
SECTION C: MARTIAL STATUS (DO NOT COMPLETE IF THIS IS AN APPLICATION FOR INDIVIDUAL CREDIT)         Applicant       Married       Separated       Unmarried (Including single, divorced, or widowed) Other Party       Married       Separated       Unmarried (Including single, divorced, or widowed) Other Party         divorced, or widowed)       Married       Separated       Unmarried (Including single, divorced, or widowed) Other Party       Married       Separated       Unmarried (Including single, divorced, or widowed)						
SEC	TION D: ASSET & D	EBT INFORMATI	ON			
If Section B has been completed, this Section should be completed, If Section B was not completed, only give information about the Ap		both the Applicant and	Joint Applicant or Ot	her Person. P	Please mark Applicant-related in	formation with an "A".
ASSETS OWNED (Use separate sheet if necessary)						
DESCRIPTION OF ASSETS		VALUE	SUBJECT TO DEBT Yes/No		NAMES OF OWNERS	
Cash						
Automobiles (Make, Model, Year)						
1 2						
3						
Cash Value of Life Insurance (Issuer, Face Value)						
Real Estate (Location, Date Acquired)						
Marketable Securities (Issuer, Type, No. of Shares)						
Other (List)						
TOTAL ASSETS		\$				
OUTSTANDING DEBTS (Include charge account, installment contracts, credit cards, rent,	mortgages, etc. Use sep	arate sheet if necessa	urv)			
		REDIT CARDS	,			
Name	Account no.		Current Balance	æ	Monthly Payment	Past Due?
	1	MORTGAGE	1			
Mortgage Company	Account no.		Current Balance		Monthly Payment	Past Due?
Auto loans Account no. Balance Monthly Payment Past Due?						
				140		
My Auto Insurance Agent Is: (Name & Address)						

CREDIT REFERENCES (Paid Off Accounts)						
Name in Which Account is Carried	Account no.	Balance	Date Paid Off			
- For Whom? To Whom? Are you the co-maker, endorser, or I No Yes guarantor on any loan or contract?						
Are there any unsatisfied judgments against you? No Yes – Amount \$ If "Yes", To Whom Owed?						
Have you been declared bankrupt in the last 10 years?						
OTHER OBLIGATIONS (For example, liability to pay alimony, child support, separate maintenance. Use separate sheet if necessary.)						
Everything that I have stated in this Application is correct to the best of my knowledge. I understand that you will retain this Application whether or not it is approved. I authorize Ledge Rock Center, <i>LLC</i> to verify the information provided on this form and check my credit and employment history and answer questions about your credit experience with me.						
Signature of applicant X			Date			
Signature of co-applicant, if for joint account X	Date					

## **Instructions**

Please complete this application and return it via email to amycarroll@corbinparkop.com

If you have any questions please feel free to contact us at 913-499-1926.