

GENERAL INFORMATION	
CLIENT NAME	
PHYSICAL ADDRESS	CITY, STATE, ZIP CODE
MAILING ADDRESS (IF DIFFERENT FROM ABOVE)	CITY, STATE, ZIP CODE
HOME PHONE NUMBER	CELL PHONE NUMBER
WORK PHONE NUMBER	EMAIL
WHAT IS THE BEST WAY TO REACH YOU?	

ALTERNATE CONTACT
PLEASE PROVIDE CONTACT INFORMATION FOR SOMEONE WE CAN CALL IF WE ARE UNABLE TO REACH YOU
CONTACT NAME
RELATIONSHIP TO YOU
PHONE NUMBER

HIGHEST EDUCATION LEVEL COMPLETED – CIRCLE ONE
Elementary School Some High School High School Diploma/GED Vocational Program Some College Associate's Degree Bachelor's Degree Master's Degree
Do you have a disability? _____ Are you retired? _____
EMPLOYMENT STATUS - CIRCLE ALL THAT APPLY. (PART-TIME IS DEFINED AS LESS THAN 35 HOURS/WEEK)
Employed, full-time Employed, part-time Currently Seeking Employment Self-Employed, full-time Self-Employed, part-time Not Seeking Employment Attending School/Job Training

BACKGROUND INFORMATION

PLEASE ANSWER THE FOLLOWING QUESTIONS BY CHECKING YES OR NO, OR BY FILLING IN THE BLANK

PERSONAL

Do you know your credit score?
 Would you rate your credit history as satisfactory?
 Do you have a budget?
 Do you have a checking account?
 Do you have a savings account at a bank?
 Do you have savings set aside?
 If yes, how much did you save last year? _____

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

BUSINESS

Do you currently own one or more businesses?
 If yes, how many businesses? ____ Type of businesses? _____
 If yes, do you/have you filed taxes for your businesses?

 Are you interested in expanding an existing business?

 Are you interested in starting a new business?
 If yes, type of business? _____
 Do you have a business plan?

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Customer Certification

My signature below certifies that all information provided in this form is accurate and complete to the best of my knowledge.

Signature

 Date

Name Printed