

I give Sleep Solutions the right to use the information contained below to try to obtain financing for my purchase. They have my permission to run this with either and/or Synchrony Bank, PFC, Tidewater, Progressive, or WhyNotLeaseIt. I understand that even if they DO obtain a credit line for me, I am under no obligation to purchase. I certify that all information I have provided on this application is true, correct and complete. You may contact any person or company that I have listed below and I fully release all parties from all liability for any damage that may result. Sleep Solutions and its employees do not guarantee a person will obtain a line of credit from completing this information.

Signature _____

Date _____

If a co-applicant is needed or wanted, have them also fill out all of this information on a separate form.

APPLICANT INFORMATION

| | | | |
|---------------------------------------|---|---|------------------------------|
| NAME (First Middle Last) | | SOCIAL SECURITY # | DATE OF BIRTH ___/___/___ |
| ADDRESS (APT#) | CITY | STATE | ZIP |
| DRIVERS LICENSE#, STATE, & EXPIRATION | DO YOU RENT? ___ OWN? ___ MO PYMT _____ | MORTGAGE HOLDER OR LANDLORD (NAME / PHONE): | |
| | HOW LONG AT RESIDENCE? _____ | | |
| CELL# () | HOME PHONE # () | EMAIL ADDRESS – Must provide one | |

SOURCE OF INCOME (Must be Verifiable)

| | | | |
|---|--|-------------------------------------|-------------------------------|
| EMPLOYER or (S.S. DISABILITY, MILITARY, SELF EMPLOYED) | JOB TITLE | HIRE DATE (MM/DD/YY) ___/___/___ | MONTHLY INCOME |
| EMPLOYER CITY, STATE, ZIP | SUPERVISOR | EMPLOYER PHONE () | DIRECT DEPOSIT Y ___ N ___ |
| ANY OTHER INCOME YOU WISH TO CONSIDER & SOURCE? _____ | HOW OFTEN ARE YOU PAID? WEEKLY ___ EVERY OTHER WEEK ___ OTHER _____ | | |
| | WHAT DAY OF THE WEEK ARE YOU PAID ON? (circle one : Mon. Tues. Weds. Thurs. Fri. Sat.) | | |
| Are you obligated to make alimony or child support payments? ___Y ___N If so, how much? _____ | LAST PAYDAY | NEXT PAYDAY | |
| Do you pay childcare expenses? ___Y ___N If so, how much? _____ | ___/___/___ | ___/___/___ | |

BANK INFORMATION (Must match information on voided check and bank statement)

| | | |
|---|--------------------|---|
| BANK NAME | CHECKING ACCOUNT # | DATE OPENED ___/___/___ |
| ROUTING # ___/___/___/___/___/___/___/___/___/___/___ | | The routing number is a NINE digit number Located on bottom left of check. |

OTHER INFORMATION AND REFERENCES – LIST TWO PERSONAL REFERENCES

| | | | |
|---------|--------------|--------------|--------------|
| NAME | CITY / STATE | PHONE () | RELATIONSHIP |
| NAME | CITY / STATE | PHONE () | RELATIONSHIP |
| AUTO #1 | MOS. PYMT | AUTO #2 | MOS. PYMT |

MUST ANSWER ALL FOUR QUESTIONS (Mark Yes or No)

Have you been employed with the same company for at least six months? YES NO

Do you earn \$1,000 per month and deposit at least \$500 per month into your checking account? YES NO

Do you have an active checking account and has it been open three months AND A DEBIT OR CREDIT CARD FOR THAT ACCOUNT? YES NO

With Progressive, you have to provide a Credit or Debit Card number at the time of application. This card will only be used for the \$40 application fee that you will be charged if you get Approved with Progressive AND decide to go forward with this sale and finance plan. VS, MC, DC or AX

Card Number _____ / _____ / _____ / _____ Ex Date: ____/____/____ Card is in the Applicants Name & has same billing information? ___ Yes ___ No