

___ FEE ENCLOSED (\$60.00 CASH OR CHECK)

THANK YOU FOR THINKING OF ASHCO IN YOUR SEARCH FOR A NEW CLASS A LOCATION. WE LOOK FORWARD TO WORKING WITH YOU!

APPLICANT CHECKLIST

3 WONTHS OF BANK STATE	EIVIENTS OR 2 TEARS OF TAX RETURNS
COPY OF STATE ISSUED I.D	. ENCLOSED
BUS LICENSE (IF APPLICAB	LE)
COMPLETED AND SIGNED	APPLICATION
	ALL AREAS SIGNED AND COMPLETED
	FOR OFFICE USE ONLY
AGENT'S NAME:	
OFFICE RECIEVED:	
CREDIT COMPLETE:	
AUTHORIZED: YES	NO
BY:	DATE:

CREDIT APPLICATION \$60.00 NON-REFUNDABLE FEE PER PERSON



ADDRESS OF PROPOSED PR	OPERTY		
APPLICANT NAME:		SS#:	
PRESENT ADDRESS:			
IF LESS THAN 2 YEARS: _			
	TO:		
PHONE: ()	AMOUNT OF RENT:	SQ. FT.:	
REFERENCES (If you are a	current business owner, provi	de financial from last prior 2 y	/ears)
EMPLOYER:		SALARY (Yearly):	
ADDRESS:		PHONE: ()
FROM:	TO:	PHONE: ()
BANK NAME:		ACCOUNT #:	
ADDRESS:		PHONE: ()
TYPE OF ACCOUNTS: CH	HECKING SAV	NGS LOANS	
PERSONAL REFERENCE			
NAME:	LENG	TH OF TIME ACQUAINTED:	
ADDRESS:		PHONE: ()
CLOSEST RELATIVE, NOT	LIVING WITH YOU: NAME:	PHONE: ()
Applicant(s) has deposited deposit for the unit liste	ed herewith the sum of \$ d above.	to be held as	the security
-	authorize to obtain a credit re application will be held confide	•	•
APPLICANTS SIGNATURE	;	DATE:	
CO ADDILICANTE CICNAT	UDE	D.4.T.E.	

PERSONAL FINANCIAL STATEMENT

NOTE: Any willful misrepresentation could result in a violation of Federal Law (SECTION.18 U.S.C. 1014)

NAME:	BIRTH DATE:		STATEMENT DATE:	
ADDRESS:	CITY:		STATE/ZIP:	
HOME PHONE:				
BUS. PHONE:	SOCIAL SECURITY NUMBER:			
PHONE:	BUS. OR OCCUPATION:			
CASH ON HAND & IN BANKS BANK NAME:		AMOUNT HELD: _		
BANK NAME:		AMOUNT HELD: _		
CASH VALUE OF LIFE INSURANCE:	NAME OF INSURER:			
NOTES & ACCOUNTS RECEIVABLE NAME:		VALUE:		
PROPERTIES/REAL ESTATE ADDRESS:		VALUE:		
A.) TOTAL ASSET V	ALUE (SUM OF	VALUES)		
NOTES DUE TO BANKS: BANK NAME:		AMOUNT:		
BANK NAME:		AMOUNT:		
ACCOUNT AND BILLS PAYABLE: TO WHOM:				
TO WHOM:				
UNPAID INCOME TAXES DUE: AMOUNT OF FEDERAL INCOME TAXES	DUE:			
AMOUNT OF STATE INCOME TAXES DU	JE:			
OTHER UNPAID TAXES & INTEREST: FOR:				
FOR:				
LOANS ON LIFE INSURANCE POLICIES:	TO WHOM:		AMOUNT:	
CONTRACT ACCOUNTS PAYABLE: CASH RENT OWNED:	TO WHOM: TO WHOM:		AMOUNT: AMOUNT:	
OTHER LIABILITTIES DUE WITHIN 1 YR:	TO WHOM:		AMOUNT:	
REAL ESTATE MORTGAGES PAYABLE:	TO WHOM:			
REEAL ESTATE MORTGAGES PAYABLE:			AMOUNT:	
LEINS & ASSESSMENTS PAYABLE:	TO WHOM:		AMOUNT:	
OTHER DEBTS:	TO WHOM:		AMOUNT:	
	B.) TOTAL LIABILITIES (SUM OF ALL VALUES)C.) EQUITY (THE VALUE A. MINUS THE VALUE OF B)			
	TOTAL LIABIL	.ITIES AND OWNER'S	S EQUITY:	
APPLICANTS SIGNATURE:			DATE:	