

California Partners Inc.

PERSONAL APPLICATION

Identity	NAME			Soc. Sec. #		DOB	
	LAST FIRST MIDDLE						
	SPOUSE'S NAME			Soc. Sec. #		DOB	
	DRIVERS LICENSE NO.			PHONE			
	PRESENT ADDRESS			CITY		STATE ZIP	
	(If less than two years, give former address.)						
	Length of Residence			<input type="checkbox"/> OWN <input type="checkbox"/> RENT		Amt. Monthly Payment \$	
	Former Residence			PHONE		<input type="checkbox"/> OWN <input type="checkbox"/> RENT How Long	
	CITY			STATE		ZIP	
	PREVIOUS LANDLORD			PHONE			
Do you pay any spousal or child support? If so, how much?			Spousal Support \$		Child Support \$		
Present Employment and Other Income	PRESENT EMPLOYER			PHONE			
	ADDRESS			ZIP		Nature of Bus. <input type="checkbox"/> Service <input type="checkbox"/> Mfg. <input type="checkbox"/> Finance	
	How Long Employed: Years Months			Position			
	Income: Per Year \$			Supervisor			
	Other Income: \$ Per Year \$			Source of Other Income			
Previous Employment (If present employment less than 2 years)	PREVIOUS EMPLOYER			ADDRESS			
	Position			Income \$ From: To:			
	Supervisor			Phone		Nature of Bus. <input type="checkbox"/> Service <input type="checkbox"/> Mfg. <input type="checkbox"/> Finance	
List the name and address of each corporation in which you served as an officer, director, or employer in the past 5 years.	NAME		NAME		NAME		
	ADDRESS		ADDRESS		ADDRESS		
	POSITION		POSITION		POSITION		
List the name and address of each proprietorship in which you had an interest in the past 5 years.	NAME		NAME		NAME		
	ADDRESS		ADDRESS		ADDRESS		
	POSITION		POSITION		POSITION		
List the name and address of each partnership in which you were a general partner in the past 5 years.	NAME		NAME		NAME		
	ADDRESS		ADDRESS		ADDRESS		
	POSITION		POSITION		POSITION		
Spouse's Employment	PRESENT EMPLOYER			PHONE			
	ADDRESS			ZIP		Nature of Bus. <input type="checkbox"/> Service <input type="checkbox"/> Mfg. <input type="checkbox"/> Finance	
	How Long Employed: Years Months			Position			
	Income: Per Year \$			Supervisor			
Assets	Autos: Yr. Make Lic. #		<input type="checkbox"/> Financed <input type="checkbox"/> Clear		Yr. Make Lic. # <input type="checkbox"/> Financed <input type="checkbox"/> Clear		
	Value Furniture \$		Value Personal Effects \$		Stocks & Bonds \$		
	Value of Real Estate Owned \$		Address				
	Other Assets \$		Description				
Banking and/or Sav. & Loan Connections	Bank		Sav. #		\$		
	Address		Zip		Ckg. # \$		
	Phone		Contact				
	Bank		Sav. #		\$		
	Address		Zip		Ckg. # \$		
	Phone		Contact				
Legal	Have you ever filed Bankruptcy?		Year:		County & State		
	Have you ever had any suits, judgements, liens or repossessions?		Year:		County & State		
Credit References Open/Closed Mortgage & Finance Loans Stores Other	NAME, ADDRESS & PHONE			ACCOUNT NO. DATE OPEN HIGH CREDIT MO. PMTS. BALANCE			

Applicant Represents that statements made above are true and correct and hereby authorizes verification of references.

SIGNATURE _____ DATE _____ SIGNATURE _____ DATE _____

Email Address: _____ Fax #: _____