

GreyStone Power Corporation



Application For Credit

FIRST NAME		MIDDLE INITIAL	LAST NAME		MEMBER/ACCOUNT #
STREET ADDRESS			HOME PHONE	OWN <input type="checkbox"/> HOW LONG _____ YRS.	MONTHLY PAYMENT
CITY			CELL PHONE		COUNTY
STATE ZIP			WORK PHONE		
DATE OF BIRTH	NUMBER OF DEPENDENTS	SOCIAL SECURITY NUMBER		DRIVER'S LICENSE NUMBER	
FORMER ADDRESS			CITY	STATE	ZIP HOW LONG
NAME OF NEAREST RELATIVE NOT LIVING WITH YOU				RELATIONSHIP	
ADDRESS			CITY	STATE	ZIP

EMPLOYMENT/INCOME				
CURRENT EMPLOYER	HOW LONG	POSITION	MONTHLY SALARY	
ADDRESS	CITY	STATE	ZIP	BUSINESS PHONE
PREVIOUS EMPLOYER				HOW LONG
ADDRESS			CITY	STATE ZIP
OTHER INCOME SOURCE <i>(Optional if derived from alimony, child support or maintenance payments.)</i>				MONTHLY AMOUNT

YOUR REFERENCES (LIST ALL DEBTS OWED AND REGULAR MONTHLY PAYMENTS)					
	ACCOUNT WITH	ADDRESS	ACCOUNT NO.	BALANCE OWING	MO. PAYMENT
HOUSE MORTGAGE	HOW LONG _____ YRS				
2nd MORTGAGE, LINE OF CREDIT, OR HOME EQUITY LOAN	HOW LONG _____ YRS				
AUTO LOAN					
AUTO LOAN					
CREDIT CARD					
CREDIT CARD					
CREDIT CARD					
CREDIT CARD					

AN ADDITIONAL PERSON		COMPLETE ONLY IF <input type="checkbox"/> YOU WISH TO RELY ON THIS PERSON'S INCOME FOR REPAYMENT, OR <input type="checkbox"/> THE "OTHER INCOME" ABOVE IS DERIVED FROM THIS PERSON AS ALIMONY, CHILD SUPPORT OR MAINTENANCE PAYMENTS. PLEASE CHECK ONE.			
NAME	RELATIONSHIP	OCCUPATION	MONTHLY INCOME		
CURRENT EMPLOYER	HOW LONG	EMPLOYER'S ADDRESS	PHONE NUMBER		

LOAN AMOUNT AND PURPOSE	
AMOUNT	PURPOSE

THE ABOVE INFORMATION IS CORRECT AND IS GIVEN FOR THE PURPOSE OF OBTAINING CREDIT. YOU ARE AUTHORIZED TO VERIFY THIS INFORMATION AND TO OBTAIN ADDITIONAL INFORMATION IN REVIEWING THIS CREDIT REQUEST. **BOTH SIGNATURES ARE REQUIRED FOR A JOINT APPLICATION.**

DATE

MEMBER SIGNATURE

CO-SIGNER SIGNATURE

THIS SECTION FOR GREYSTONE POWER USE ONLY			
<input type="checkbox"/> APPROVED AS SUBMITTED	DATE	SECURED \$	PERSONAL \$
<input type="checkbox"/> REJECTED AS SUBMITTED	REASON		