

CREDIT APPLICATION

Strax Credit Options

Please use black ink and print clearly

First Name		Middle Initial		Last Name		Social Security Number	
E-Mail Address				Mother's Maiden Name		Mortgage Lender or Landlord Name	
Current Address			City		State		Zip
							Date of Birth / /
Home Phone ()		Time at Current Address Years Months		<input type="checkbox"/> Own Home <input type="checkbox"/> Rent <input type="checkbox"/> Parents/Relatives <input type="checkbox"/> Other		Monthly Rent/Mortgage \$	
Current Employer		Position		Gross Income \$ <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year		Time at Current Employer Years Months	
Current Business Phone ()		Current Employer Street Address City State Zip				Drivers License # and State	
*Other Income (Including Spouse) \$		<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year		Source of Other Income		Have you ever declared bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes when? (month / year)	

• You do not have to include alimony, child support, or separate maintenance income unless you want us to consider it as basis for repayment.

COMPLETE ONLY IF YOU HAVE MOVED OR CHANGED JOBS IN THE LAST TWO YEARS

Previous Address (If less than 2 years at current address)			City		State		Zip
							Time at Previous Address Years Months
Previous Employer (If less than 2 years at current employer)		Position		Gross Income \$ <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year		Time at Previous Employer Years Months	
Previous Business Phone ()		Previous Employer Address City State Zip					

Please list the name and phone number for 3 Personal References:

Name/Phone: _____
 Name/Phone: _____
 Name/Phone: _____

Authorization to Release Credit Information and Credit Policies and Fees

By my signature, I authorize "Strax Rejuvenation", and/or the lenders and finance companies they forward my application to, to run a credit report and verify the information I have provided. **I understand "Strax Rejuvenation" does not approve, deny, set the rate and terms, guarantee loan approvals or discriminate against anyone for any reason.** As a part of this search, I fully understand my credit request may be presented to multiple credit issuing companies and/or search companies including (but not limited to) Banks, Finance Companies, Credit Card Issuers, and other such companies. I understand that there may be fees associated with the closing of my loan if I accept the terms of the loan. I agree to "hold harmless" "Strax Rejuvenation" from any and all legal actions that might be taken as a result of a disputed matter with my Lender.

Signature of Applicant _____ Date _____

Cost of Procedure: \$	Providers Name/ID: Strax 954-749-3040	Date of Services
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PRECEDURE (S):