

## Consumer Loan Application

This is an application for consumer credit with Medifi, a Kansas corporation. You understand that there is no agreement between us until we approve your credit application and a signed financing agreement and any other required documents are signed and returned to our office.

Applicant (Last/First/Middle)					
Address					
City/State/Zip				How Long	
Home Phone			Cell Phone		
Email					
Own	Rent	Parents	# Dependents	Monthly Payment	
Social Security No.				Birth Date	
Employer				Date Employed	
Work Address				Work Phone	
Position/Title				Gross Monthly Salary	
Marital Status:	Single	Married	Divorced	Widowed	
Other Income (Source/Amount)					
Other Debts (Alimony, support, lease, loan, etc.)					
Relative (not living at same address)(name/address/phone)					

Co-Applicant (Last/First/Middle)					
Address					
City/State/Zip				How Long	
Home Phone			Cell Phone		
Email					
Own	Rent	Parents	# Dependents	Monthly Payment	
Social Security No.				Birth Date	
Employer				Date Employed	
Work Address				Work Phone	
Position/Title				Gross Monthly Salary	
Marital Status:	Single	Married	Divorced	Widowed	
Other Income (Source/Amount)					
Other Debts (Alimony, support, lease, loan, etc.)					
Relative (not living at same address)(name/address/phone)					

### Statement of Consent

I certify that the information provided by me is correct. I also understand that you will be checking with credit reporting agencies. I authorize an investigation of my credit and employment history and the release of information about my credit experience. I authorize that a photocopy or facsimile copy of this release can be valid as the original.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Co-Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**I hereby acknowledge my intent to apply for joint credit.**

\_\_\_\_\_  
Applicant Initials

\_\_\_\_\_  
Co-Applicant Initials