

Amerivest

Credit Analysis Application

First Name _____ Middle Initial _____ Last Name _____

Social Security Number _____ Date of Birth ____/____/____

Drivers License Number _____ Mothers Maiden Name _____

Home Street Address _____

City _____ State _____ Zip Code _____ Time at Residence _____

Mortgage/Rent Payment _____ Mortgage Holder/Landlord _____

Previous Address(if less than 2 years) _____

Home Phone Number (____) _____ Mobile Phone (____) _____ E-mail _____

Employers Name _____ Occupation _____ Income _____

Employers Address _____ Work Number (____) _____

PLEASE SELECT YOUR METHOD OF PAYMENT:

CREDIT CARD

CHECK

Credit Card Type _____ Name on Card _____

Card Number _____ Expiration Date _____

FEE SCHEDULE

SIGN-UP FEE

An Additional \$100.00 fee will be added each time the Analysis processes is started over due to noncompliance with the Amerivest program.

I agree to the fees for services that are to be provided by Amerivest under above payment agreement and promise to pay for all charges that may be assessed. I hereby authorize Amerivest to request and obtain a consumer credit report. If such a report is obtained, I understand that I have a right to receive a copy.

Print Name _____ Applicant Signature _____ Date ____/____/____