

No Wait Cash (Online) Loan Application



This application must be personally delivered, by the applicant, to one of our branches. Call (713) 730-6663 to find the closest location. Our branches are also listed on our website.

PERSONAL Applicant (Please PRINT CLEARLY, Fill In All Spaces Completely, Read Statement, and Sign Below)

TODAY'S DATE / /		SSN - -		AMOUNT REQUESTED \$		PURPOSE OF LOAN	
FULL NAME (First, Middle Name or Initial, Last)				DATE OF BIRTH / /		SEX (circle one) Male Female	
STREET ADDRESS (Current Address)			APT/UNIT NO.	CITY		STATE	ZIP
YEARS AT ADDRESS Yrs Mos		<input type="checkbox"/> Own <input type="checkbox"/> Rent	HOME PHONE ()	CELL PHONE ()		<input type="checkbox"/> Married	<input type="checkbox"/> Not Married
MAILING ADDRESS (If Different From Above)			APT/UNIT NO.	CITY		STATE	ZIP
LANDLORD / MORTGAGE CO.			PHONE ()	MONTHLY PAYMENT \$		VALUE (If Owned) \$	
PREVIOUS ADDRESS (If Less Than 2 Yrs @ Current)				APT	CITY	STATE	ZIP
SPOUSE FULL NAME (If Married)			DOB / /	SPOUSE SSN - -		SPOUSE WORK PHONE ()	
DRIVER'S LICENSE NO.	STATE	HOW DID YOU HEAR ABOUT US?			Are You Planning to File Bankruptcy? Have You Ever? <input type="checkbox"/> Yes - Date: / / <input type="checkbox"/> No		

EMPLOYMENT & INCOME

COMPANY NAME		STREET ADDRESS			CITY		STATE	ZIP	
WORK NUMBER ()	EXTENSION	HR NUMBER ()		POSITION & DEPARTMENT			SUPERVISOR		
WORK HOURS (8A-5P)	DAYS OFF		ON WHAT DAY OF WEEK ARE YOU PAID? MON TUE WED THU FRI SAT SUN				DATE OF LAST CHECK / /		
PAY FREQUENCY (circle one) WEEKLY BI-WEEKLY MONTHLY 1 ST & 15 TH 15 TH & Last 5 TH & 20 TH OTHER						TAKE HOME (Net) PAY \$		TIME ON JOB Yrs Mos	
OTHER INCOME & SOURCE \$		Additional income: alimony, child support or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.					Are You Currently a Debtor in a Bankruptcy Case? <input type="checkbox"/> Yes <input type="checkbox"/> No		

REFERENCES (List 4 close relatives, in this area, not living with you)

1)	2)	3)	4)				
NAME	ADDRESS	CITY	STATE	ZIP	PHONE	RELATIONSHIP	YRS KNOWN

Local Credit (List any local credit you may have with other companies)

OFFICE USE ONLY

1)	2)	3)	4)
COMPANY NAME	MO. PAYMENT	BALANCE	
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	

Release of Information to Advantage Consumer Service, LLC d/b/a No Wait Cash (Please read statement before signing.)

I declare that the information I have provided on this form is correct. You are authorized to check my credit and all information contained herein and to answer other credit inquiries about me. You may contact any person or company listed above and I fully release all parties from all liability for any damage that may result. My signature below indicates that for any purpose of verification, I have voluntarily waived the protection of all rights to privacy laws. This application may be rejected if any information provided above is false. I understand that my failure to satisfy my obligations will cause negative information to be reported about me to a consumer reporting agency. I understand that you will keep this application whether approved or not and agree to provide you with new or updated information if any information contained in this application changes.

I have read and understand this statement

Applicant Signature

Date

Office Use Only Please do not write below this line

Form NoWaitCash OnlineLoanApp Copyright 2009

Approved for Requested Amt

Declined

Approved w/Counteroffer (Amount: \$_____)

Did Not Accept

Time In: _____

Time Out: _____

CSR/MGR _____