



CREDIT APPLICANT INFORMATION

Name:		TX DL#:
Date of birth:	SSN:	Phone:
Current address:		
City:	State:	ZIP Code:
Own Rent (Please circle)	Monthly payment or rent:	How long?
Previous address: (If Less Than 2 yrs.)		
City:	State:	ZIP Code:
Owned Rented (Please circle)	Monthly payment or rent:	How long?

EMPLOYMENT INFORMATION

Current employer:		
Employer address:		How long?
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:
Position:	Annual Income:	
Previous employer: (If Less Than 5 yrs.)		
Address:		How long?
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:
Position:	Annual Income:	

CO-APPLICANT INFORMATION, IF FOR A JOINT ACCOUNT

Name:		TX DL#:
Date of birth:	SSN:	Phone:
Current address: (If different from Applicant)		
City:	State:	ZIP Code:
Own Rent (Please circle)	Monthly payment or rent:	How long?

EMPLOYMENT INFORMATION

Current employer:		
Employer address:		How long?
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:
Position:	Annual Income:	

MORTGAGE COMPANY

Mortgage Holder:	Address:
	Balance: Monthly payment

I authorize Lakeshore Sports to verify the information provided on this form as to my credit and employment history.

Signature of applicant	Date
Signature of co-applicant, if for joint account	Date

Please Fill In Information Above and Fax to: (936) 582-2698