



PAYDAY ADVANCE APPLICATION

APPLICANT INFORMATION

First Name:		Last Name:	
Current address:			
City:		State:	ZIP Code:
Social Security Number:		Date of birth:	
Phone Number:		Cell Phone:	
Spouse Name:		Phone:	Amount Requested: \$

EMPLOYMENT INFORMATION

Current employer:			
Employer address:		Phone:	Ext:
City:	State:	ZIP Code:	
Supervisor's Name:		Ext:	Hire Date:
Position:	Net Pay: \$	Weekly Bi-Weekly Monthly Direct Deposit	

THREE REFERENCES (NOT LIVING WITH YOU)

1. Parent/Relative Name:	
Phone Number:	Relationship:
2. Relative/Friend Name:	
Phone Number:	Relationship:
3. Reference Name:	
Phone Number:	Relationship:

ADDITIONAL SOURCE OF INCOME

Description:	Amount per month:	Frequency:
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I certify under penalty of perjury that the information provided is correct to the best of my knowledge.
I understand that EZ CASH ZONE will retain this application and my information whether or not it is approved.
I hereby authorize EZ CASH ZONE and/or its representatives to contact any company, entity, reference, supervisor or other persons having dealings with me in order to verify and to discuss any debts I owe EZ CASH ZONE.

Signature of applicant:	Date
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