

# Application



TOLL FREE **1-866-WE-PAY-EZ**  
**(1-866-937-2939)**

Date / Fecha: \_\_\_\_\_

**SIGN and FAX completed application to a store location:**

**PLEASE PRINT • POR FAVOR ESCRIBIR CON LETRA DE IMPRENTA**

WILMINGTON 302-428-3926 WILMINGTON 302-504-1201 NEW CASTLE 302-328-3058 BEAR 302-836-5915

**Name / Nombre** Mr. / Mrs. / Miss (Please circle one) \_\_\_\_\_

**Birthdate** Fecha de Nacimiento \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **Social Security #** Numero de Seguro Social \_\_\_\_\_

**Address** Direccion \_\_\_\_\_ **How long?** Tiempo de Residencia \_\_\_\_\_

**City / State / Zip** Ciudad / Estado / Codigo Postal \_\_\_\_\_

**Residence / Su residencia es:** (Please circle one) **Owned / Propia** **Rented / Alquilada** **Other / Otro** \_\_\_\_\_

**Home Phone** Telefono de Casa \_\_\_\_\_ **Cell Phone** Telefono Celular \_\_\_\_\_

**Employer / Nombre De Compania** \_\_\_\_\_ **Job / Su Profesion** \_\_\_\_\_ **Supervisor** \_\_\_\_\_

**Main Work Phone** Telefono del Trabajo \_\_\_\_\_ **Supervisor's Phone** Telefono del Supervisor \_\_\_\_\_

**Hire Date / Fecha de ingreso** \_\_\_\_\_ **Shift / Turno** \_\_\_\_\_ **Dept. / Departamento** \_\_\_\_\_ **Hours / Horas** \_\_\_\_\_

**Pay Period / Recibe su pago:** **Once a week** \_\_\_\_\_ **Bi-weekly** \_\_\_\_\_ **Twice a month** \_\_\_\_\_ **Once a month** \_\_\_\_\_  
Una vez por semana Cada dos semanas Dos Veses al Mes Una vez mes

**Week Day paid / Dia de la semana que le pagan** **Mon / lunes** \_\_\_\_ **Tue / martes** \_\_\_\_ **Wed / miercoles** \_\_\_\_ **Thurs / jueves** \_\_\_\_ **Fri / iernes** \_\_\_\_

**Take home pay / Ingreso** Bruto \$ \_\_\_\_\_ **Direct Deposit / Deposito directo en su Banco** **Yes / Si** \_\_\_\_\_ **No / No** \_\_\_\_\_

**Additional Income \$** \_\_\_\_\_ **Retired** **Yes / Si** \_\_\_\_\_ **No / No** \_\_\_\_\_ **SSI** **Yes / Si** \_\_\_\_\_ **No / No** \_\_\_\_\_  
Ingresos adicionales Retirado Ingreso de Seguro Social

REFERENCES MUST BE RELATIVES WHO DO NOT LIVE IN THE SAME HOUSEHOLD. PLEASE FILL IN BOTH.  
POR LO MENOS DOS DE LAS TRES REFERENCIAS DEBEN SER PARIENTES QUE NO VIVEN EN LA MISMA CASA. POR FAVOR LLENAR LAS TRES REFERENCIAS.

Name / Nombre	Address / Direccion	City / State / Zip / Ciudad / Estado / Codigo Postal	Phone / Telefono	Relationship / Relacion
1	_____	_____	_____	_____
2	_____	_____	_____	_____

**HOW DID YOU HEAR ABOUT US?** TV \_\_\_\_\_ RADIO \_\_\_\_\_ NEWSPAPER \_\_\_\_\_ FLYER \_\_\_\_\_ FRIENDS \_\_\_\_\_ BILLBOARD/SIGN \_\_\_\_\_  
COMO SE ENTERO ACERA DE NOSOTROS? PERIODICO FOLLETOS AMIGOS ROTULO

REGULATION 2203: By signing below, you also certify that you are aware of the Delaware State Banking Commissioner's Regulation No. 2203 (available by calling Loan Till Payday LLC. at 1-866-WE-PAY-EZ or at SMALL CLAIMS TRIBUNAL. All parties, including related third parties, shall retain the right to seek adjudication in a small claim's tribunal for disputes within the scope of such tribunal jurisdiction. Any dispute, which cannot be adjudicated within the jurisdiction of a small claims tribunal, shall be resolved by binding arbitration. Any appeal of a judgment from a claims tribunal shall be resolved by binding arbitration de novo, by a fresh review of the facts.

**DO YOU WORK FOR A PAYDAY LOAN COMPANY or HOLD A COLLECTIONS POSITION?** **Yes / Si** \_\_\_\_\_ **No / No** \_\_\_\_\_

**PAYMENT OPTIONS:** ELECTRONIC BANK TRANSFER \_\_\_\_\_ CASH OR M.O. in person \_\_\_\_\_ DEPOSIT MY CHECK \_\_\_\_\_

**Print Name / Nombre** \_\_\_\_\_ **Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

IMPORTANT: DO NOT FILL IN. FOR OFFICE USE ONLY.									
Loan Amount:			Interest Amount:			Approved By:			
Loan Effective Date: / /			Pay Period: W BW TM M			Loan Due Date:			
ABA#						ACCT#:			