



122 Ford Lane  
Hazelwood, MO 63042  
Phone 314.731.3795  
Fax 314.895.3659

# CREDIT APPLICATION

**DEFINITIONS**  
Whenever used in this application, the words You and Your refer to the applicant(s), and the words We, Us and Our refer to the Lender.

- Complete all the questions, or answer N/A. We are unable to process incomplete Applications.
- Sign the Application.
- Proof of income may be required. If self-employed, include Your last 2-years tax returns.

Complete Spouse information if the following apply:

- This is for joint credit with Your Spouse.
- Your Spouse will use Your Account.
- You're relying on Your Spouse's income.
- You live in a community property state: AZ, CA, LA, NM, NV, TX, WA, WI (or Puerto Rico).
- Email application to [sales@stateamind.com](mailto:sales@stateamind.com) or fax your application to 314.895.3659.

**TYPE OF CREDIT APPLIED FOR:**

Auto:  New  Used  
Boat:  New  Used  
Motorcycle:  New  Used  
Other \_\_\_\_\_

Amount requested \$ \_\_\_\_\_  
Number of Months \_\_\_\_\_  
Purpose \_\_\_\_\_  
Make \_\_\_\_\_ Model \_\_\_\_\_  
Year \_\_\_\_\_

**APPLICANT**

LAST NAME		FIRST NAME		MIDDLE INITIAL
HOME ADDRESS			CITY	
STATE	ZIP	MOTHER'S MAIDEN NAME	DATE OF BIRTH	
SOCIAL SECURITY NO.		HOME TELEPHONE	JOB TITLE	
EMPLOYER NAME		BUSINESS TELEPHONE	DATE EMPLOYED	
BUSINESS ADDRESS			CITY	
STATE	ZIP	GROSS MONTHLY PAY		
MORTGAGE OR RENT PAYMENT		MORTGAGE/BANK		
HOME: <input type="checkbox"/> RENT <input type="checkbox"/> LEASE				
OTHER INCOME (SOURCE/AMOUNT) <input type="checkbox"/> OWN <input type="checkbox"/> OTHER			NO. OF DEPENDENTS	
NAME, ADDRESS, AND TELEPHONE NUMBER OF PERSONAL REFERENCE				

**NOTE:** Alimony, child support, or separate maintenance income need not be revealed if You do not choose to have it considered as a basis for repaying this credit request

**SPOUSE/CO-APPLICANT**

LAST NAME		FIRST NAME		MIDDLE INITIAL
HOME ADDRESS			CITY	
STATE	ZIP	MOTHER'S MAIDEN NAME	DATE OF BIRTH	
SOCIAL SECURITY NO.		HOME TELEPHONE	JOB TITLE	
EMPLOYER NAME		BUSINESS TELEPHONE	DATE EMPLOYED	
BUSINESS ADDRESS			CITY	
STATE	ZIP	GROSS MONTHLY PAY		
MORTGAGE OR RENT PAYMENT		MORTGAGE/BANK		
HOME: <input type="checkbox"/> RENT <input type="checkbox"/> LEASE				
OTHER INCOME (SOURCE/AMOUNT) <input type="checkbox"/> OWN <input type="checkbox"/> OTHER			NO. OF DEPENDENTS	
NAME, ADDRESS, AND TELEPHONE NUMBER OF PERSONAL REFERENCE				

**NOTE:** Alimony, child support, or separate maintenance income need not be revealed if You do not choose to have it considered as a basis for repaying this credit request

If You live in a community property state, are You:  Married  Separated  Unmarried (Single, Divorced, Widowed)  
Married Applicants may apply for individual credit. Would You like:  Individual Credit  Joint Credit with Your Spouse/Co-Applicant

**SIGNATURES**  
You warrant the truth of the above information and You realize that it will be relied upon by Us in deciding whether or not to grant the credit applied for. You hereby authorize Us, Our employees and agents to investigate and verify any information provided to Us by You. If this application is for any Feature Category contained in Our Credit Line Account Program, You agree and understand that if approved, You are contractually liable according to the applicable terms of the Credit Line Account Agreement and Disclosure. You will receive a copy of that Agreement no later than the time of Your first credit advance and You promise to pay all amounts charged to Your Account according to its terms. If this is a joint application, You agree that such liability is joint and several. You authorize Us to accept Your facsimile signatures on this application and agree that Your facsimile signature will have the same legal force and effect as Your original signature. You assume any risk that may be associated with permitting Us to accept Your facsimile signature.

APPLICANT		SPOUSE/CO-APPLICANT	
SIGNATURE	DATE	SIGNATURE	DATE
DRIVERS LICENSE NO	DRIVERS LICENSE EXPIRATION DATE	PASSWORD (FOR OFFICE USE ONLY)	