



Fax: (800) 316-8283 or Email: leases@acimacredit.com

Toll Free (800) 742-1789 x1 | Direct Line (801) 297-1980

ACIMA CREDIT CUSTOMER APPLICATION

AMOUNT REQUESTED

STORE NAME & LOCATION

STORE PHONE NUMBER

STORE FAX NUMBER

STORE REPRESENTATIVE

PRIMARY APPLICANT INFO

FIRST NAME

MIDDLE OR INITIAL

LAST NAME

DOB

SSN

HOME PHONE

MOBILE PHONE

STREET ADDRESS

CITY

STATE

ZIP

DRIVER LICENSE

STATE

EMAIL

CHECKING ACCOUNT INFO

ROUTING #

ACCOUNT #

BANK NAME

CHECKING ACCOUNT?

YES

NO

OPEN AT LEAST 90 DAYS?

YES

NO

PERSONAL REFERENCE

FIRST & LAST NAME

PHONE

FIRST & LAST NAME

PHONE

EMPLOYMENT INFO

EMPLOYER NAME

PHONE

EST. HIRED DATE

LAST PAYDAY

NEXT PAYDAY

NET MONTHLY INCOME

PAY FREQUENCY

WEEKLY

EVERY-OTHER-WEEK

TWICE-MONTHLY

MONTHLY

INCOME TYPES

PAYCHECKS

DIRECT DEPOSIT

SELF-EMPLOYMENT

SOCIAL SECURITY

MILITARY

LONG TERM DISABILITY

ALIMONY

BY SIGNING BELOW, I HEREBY: (a) certify that all information I have provided on this application or in connection herewith is true, correct and complete; (b) understand and agree Acima Credit may contact any person or company listed herewith for information about me and I fully release all parties from all liability for any damages that may result; (c) understand that this application is subject to approval by Acima Credit at its offices in the State of Utah and that payments are remitted to Utah; (d) understand and agree that Acima Credit may obtain a consumer report in connection with (I) my application, (II) any updates, renewals or extensions of my transaction as a result of my application or other transaction hereto related; (e) understand that if I ask, I will be informed whether or not such a report was obtained and, if so, the name and address of the agency that furnished the report.

SIGNATURE

DATE