

Rocky Mountain Business Academy Credit Application

Applicant Information

Name:			
Date Birth:	SSN:	Phone:	
Current Address:			
City:	State:	ZIP:	
Own Rent (Please circle)	Monthly payment or rent:	How long?	
Previous Address:			
City:	State:	ZIP:	
Owned or Rented (Please circle)	Monthly payment or rent:	How long?	
Have you ever declared bankruptcy?	Yes / No	If yes, when:	

Employment Information

Current Employer:			
Employer Address:			How long?
Phone:	E-mail:	Fax:	
City:	State:	ZIP:	
Position:	Hourly Salary (Please circle)	Annual Income:	
Previous Employer:			
Address:			How long?
Phone:	E-mail:	Fax:	
City:	State:	ZIP:	
Position:	Hourly Salary (Please circle)	Annual Income:	
Name of a relative not residing with you:			
Address:			
City:	State:	ZIP:	Phone:
Relationship:			

Co-Applicant Information, if for a joint account

Name:			
Date of Birth:	SSN:	Phone:	
Current Address:			
City:	State:	ZIP:	
Own Rent (Please circle)	Monthly payment or rent:	How long?	
Previous Address:			
City:	State:	ZIP:	
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:	
Position:	Hourly Salary (Please circle)	Annual Income:	
Previous Employer:			
Address:			
Phone:	E-mail:	Fax:	
City:	State:	ZIP:	
Position:	Hourly Salary (Please circle)	Annual Income:	
Name of a relative not residing with you:			
Address:			
City:	State:	ZIP:	Phone:
Relationship:			

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Credit Cards

Name	Account No.	Current Balance	Monthly Payment

Mortgage Company	Address:
Account No.:	Monthly Payment:

Auto Loans	Account No.	Balance	Monthly Payment

Other Loans, Debts, or Obligations

Description	Account No.	Amount

I authorize Rocky Mountain Business Academy to verify the information provided on this form as to my credit and employment history. I also affirm, under penalty of law, that this information is true and correct.

Signature of Applicant	Date
Signature of Co-Applicant, if for joint account	Date