

America's Best Cash Advance LLC

DBA American Cash Advance

Amount Requested: \$ _____ Date: _____

Social Security: _____ - _____ - _____

Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Cell Phone: () _____ Name Listed Under: _____

Home Phone: () _____ Name Listed Under: _____

Email: _____

How long at present address (months)? _____ Rent or House Payment Amount: \$ _____

Employer: _____ How long? _____

Employer's Address: _____ City: _____ State: _____

Work Phone: () _____ Ext _____ Department: _____

Supervisor's Name & Number or Ext. _____

What hours do you work? _____ What Shift? Day Night Swing

How long have you had your checking account? _____ What Bank? _____

How often do you get paid? Weekly Biweekly 15th & End of Month Monthly

Other (Please Explain) _____

Are you paid by Direct Deposit at your bank? Yes No

How did you hear about American's Best Cash Advance? _____

Personal Preferences

Family members or close friends

Grandparents' Name: _____ Phone Number: _____

Parents' Name: _____ Phone Number: _____

Name _____ Phone Number: _____ Relation: _____

Name _____ Phone Number: _____ Relation: _____

Name _____ Phone Number: _____ Relation: _____

I certify that the information on my account application is correct and authorize you to verify the information through any source including employment verification and credit check, now or at any time during the future to perform financial services or to recover any debts due. I understand that if I should default on the loan, and it becomes necessary for you to utilize an attorney or other legal action, I am responsible for the costs of such action. I agree to waive all privacy claims against you.

Applicant Signature: _____

Date: _____

Department of Defense Compliance

Addendum to Application: Covered Borrower Identification Statement

Please identify and sign the statement below that identifies you. This is an addition to our normal loan application and is added to be in compliance with the Department of Defense law passed in October 2007.

Federal law provides important protections to active duty military members of the Armed Forces and their dependents. To ensure that these protections are provided to eligible applicants, we require that you sign one of the following statements as applicable:

I AM a regular or reserve member of the Army, Navy, Marine Corps, Air Force, or Coast Guard serving on active duty under a call or order that does not specify a period of 30 days or fewer

X _____

I AM a dependent of a member of the Armed Forces on active duty as described above, because I am the member's spouse, the member's child under the age of eighteen years old, or I am the individual of whom the member provided more than one-half of my financial support for 180 days immediately preceding today's date.

X _____

I AM NOT a regular or reserve member of the Army, Navy, Marine Corps, Air Force, or Coast Guard serving on active duty under a call or order that does not specify a period of 30 days or fewer (or a dependent of such a member)

X _____

WARNING: It is important to fill out this form accurately. Knowingly making a false statement on an application is a crime and may constitute fraud.