

Vehicle Title Loan Applications

American Cash Advance
3750 Hacks Cross Road
Suite #108
Memphis, TN 38125
901-309-0779

Requested Loan Amount: ?	How did you hear about us?	Salvage Vehicle?: <input type="radio"/> Yes <input type="radio"/> No
Is vehicle paid off? <input type="radio"/> Yes <input type="radio"/> No	If not paid off, how much do you owe?	
If not paid off, who has the title / current lien holder?		

Are you currently in bankruptcy proceedings? Yes. No

If so, we need a discharge letter.

Are you currently in consumer credit counseling? Yes. No

Is there a Co-Borrower?

Last Name:	First Name:	Middle Name:
Date of Birth:	Marital Status:	SSN:
Driver's License #:	Exp Date:	State:
Home Phone:	Work Phone:	Cell Phone:
Email Address:		
Current Home Address:	Length of time at address:	Previous Address:
City:	Do you own your home? <input type="radio"/> Yes. <input type="radio"/> No	City:
State/ZIP	Payment/Rent Amount:	State/ZIP
Landlord/Mortgage Company Name:		Length of time at previous address:
Landlord/Mortgage Company Phone:		Did you own your home? <input type="radio"/> Yes. <input type="radio"/> No

Employer Name:		Job Title:
Work Address:		Work Phone:
Work City, State & Zip Code:		Direct Deposited Income <input type="radio"/> Yes. <input type="radio"/> No
Supervisor Name:	Supervisor Phone:	Work Hours (Shifts):
Hire Date:	Pay Schedule: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other	
Monthly Net Income (take home):	Total Monthly Expenses	Spendable Income:
Previous Employer Name:		Job title:
Previous Work Address:		Previous Work Phone:
Previous Work City, State & ZIP Code:		Hire date:
Previous Supervisor Name:	Supervisor Phone:	End Date:

If you are on Government Benefits

<input type="checkbox"/> Social Security	<input type="checkbox"/> Disability	<input type="checkbox"/> Other
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**Include income from alimony, child support, or separate maintenance payments, only if you want it considered*

Co-Borrowers Information

Last Name:	First Name:	Middle Name:
Date of Birth:	Marital Status:	SSN:
Driver's License #:	Exp Date:	State:
Home Phone:	Work Phone:	Cell Phone:
Email Address:		
Current Home Address:	Length of time at address:	Previous Address:
City:	Do you own your home? <input type="radio"/> Yes. <input type="radio"/> No	City:
State/ZIP	Payment/Rent Amount:	State/ZIP
Landlord/Mortgage Company Name:		Length of time at previous address:
Landlord/Mortgage Company Phone:		Did you own your home? <input type="radio"/> Yes. <input type="radio"/> No

Employer Name:		Job Title:
Work Address:		Work Phone:
Work City, State & Zip Code:		Direct Deposited Income <input type="radio"/> Yes. <input type="radio"/> No
Supervisor Name:	Supervisor Phone:	Work Hours (Shifts):
Hire Date:	Pay Schedule: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other	
Monthly Net Income (take home):	Total Monthly Expenses	Spendable Income:
Previous Employer Name:		Job title:
Previous Work Address:		Previous Work Phone:
Previous Work City, State & ZIP Code:		Hire date:
Previous Supervisor Name:	Supervisor Phone:	End Date:

If you are on Government Benefits

<input type="checkbox"/> Social Security	<input type="checkbox"/> Disability	<input type="checkbox"/> Other
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**Include income from alimony, child support, or separate maintenance payments, only if you want it considered*

Vehicle to be Used as Collateral

Year:	Make:	Model:
VIN #:		
License Plate #:	Color:	Transmission:
Engine Size/CC:	Numbers of doors:	Exact Odometer Mileage:

Vehicle Condition: Excellent Good Fair Bad

<input type="checkbox"/> Air Conditioning	<input type="checkbox"/> Rear Air	<input type="checkbox"/> Power Steering
<input type="checkbox"/> Power Windows	<input type="checkbox"/> Power Door Locks	<input type="checkbox"/> Tilt Wheel
<input type="checkbox"/> Cruise Control	<input type="checkbox"/> AM/FM Radio	<input type="checkbox"/> Cassette
<input type="checkbox"/> Single Compact Disk	<input type="checkbox"/> Multi Compact Disk	<input type="checkbox"/> MP3 Single Disk
<input type="checkbox"/> MP3 (Multi Disk)	<input type="checkbox"/> Premium Sound	<input type="checkbox"/> Integrated Phone
<input type="checkbox"/> Navigation System	<input type="checkbox"/> Parking Sensors	<input type="checkbox"/> DVD System
<input type="checkbox"/> Video System	<input type="checkbox"/> Dual Front Air Bags	<input type="checkbox"/> Front Side Air Bags
<input type="checkbox"/> F&R Side Air Bags	<input type="checkbox"/> ABS (4-wheel)	<input type="checkbox"/> Traction Control
<input type="checkbox"/> Leather	<input type="checkbox"/> Power Seat	<input type="checkbox"/> Dual Power Seats
<input type="checkbox"/> Quad Seating	<input type="checkbox"/> Flip up Roof	<input type="checkbox"/> Sun Roof
<input type="checkbox"/> Moon Roof	<input type="checkbox"/> Roof Rack	<input type="checkbox"/> Privacy Glass
<input type="checkbox"/> Running boards	<input type="checkbox"/> Custom Bumper	<input type="checkbox"/> Grille Guard
<input type="checkbox"/> Winch	<input type="checkbox"/> Towing Pkg	<input type="checkbox"/> Snow Plow
<input type="checkbox"/> Custom Paint	<input type="checkbox"/> Tow-Tone Paint	<input type="checkbox"/> Alloy Wheels
<input type="checkbox"/> Premium Wheels	<input type="checkbox"/> Wide Tires	<input type="checkbox"/> Oversize Off-Road Tires
<input type="checkbox"/> Oversize Wheels (20+)	<input type="checkbox"/> Other	

Covered Borrower Identification Statement

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 you to sign only one of the following statements as applicable:

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)

Signature: X _____

Date:
X _____

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:

Signature: X _____

Date:
X _____

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

Signature: X _____

Date:
X _____

WARNING: IT IS IMPORTANT TO FILL OUT THIS FORM ACCURATELY.
KNOWINGLY MAKING A FALSE STATEMENT ON A CREDIT APPLICATION IS A CRIME.

PERSONAL REFERENCES

Must have Verifiable Complete References to receive loan approval.

1	2	3
Name:	Name:	Name:
Address:	Address:	Address:
City:	City:	City:
State, Zip Code:	State, Zip Code:	State, Zip Code:
Phone #:	Phone #:	Phone #:
Email:	Email:	Email:
Relation:	Relation:	Relation:

4	5	6
Name:	Name:	Name:
Address:	Address:	Address:
City:	City:	City:
State, Zip Code:	State, Zip Code:	State, Zip Code:
Phone #:	Phone #:	Phone #:
Email:	Email:	Email:
Relation:	Relation:	Relation:

7	8	9
Name:	Name:	Name:
Address:	Address:	Address:
City:	City:	City:
State, Zip Code:	State, Zip Code:	State, Zip Code:
Phone #:	Phone #:	Phone #:
Email:	Email:	Email:
Relation:	Relation:	Relation:

Information Verification Authorization

To Whom it May Concern:

I, _____, (Print your full first name) authorize you to answer any questions that America's Best Cash Advance, LLC, AKA American Cash Advance, may ask about me as part of the relationship I have or am about to enter into with them. I have may ask about

Thank you for providing American's Best Cash Advance LLC with the information they request, I do authorize them leave a message with you.

If you have an questions, please call me.

Sincerely,

Borrower's Signature

Date

Co-Borrower's Signature

Date

Authorization, Agreement and Representations

By signing below, I certify that all information I supplied on and in connection with this Application and on the attached References Sheet is true and correct. I authorize American's Best Cash Advance, LLC, AKA American Cash Advance, to verify the truthfulness of this information. I expressly authorize ABC, LLC to contact any person or company identified on this Application and other materials submitted in conjunction with it during its application verification process and when servicing my loan. ABC, LLC is hereby authorized to leave a message. Any false statements made by me shall be sufficient basis for rejection of credit. I have read and understood the above statements. I acknowledge that this Application and any supporting documentation provided with it are ABC, LLC property.

I represent and warrant that I am at least 18 years of age, I am not currently a debtor in any bankruptcy proceeding and that I do not intend to file a bankruptcy petition under any chapter of the U.S. Bankruptcy Code during the term of the loan for which I am applying or within a 90 days period following the repayment of such loan.

I understand that ABC, LLC does not check credit as part of its approval process, but I do authorize them to do so if it will help expedite the loan, if I default on the loan, or in the event that such checks become required.

AS REQUIRED BY LAW, I AM HEREBY NOTIFIED THAT A NEGATIVE CREDIT REPORT MAY BE SUBMITTED TO A CREDIT REPORTING AGENCY WITHOUT FURTHER AUTHORIZATION IF I FAIL TO FULFILL THE TERMS OF MY CREDIT OBLIGATIONS.

By signing below, I confirm that I have read and agree to all the terms of this Application.

Borrower's Signature

Date

Co-Borrower's Signature

Date