

HAIRLINE ILLUSIONS FINANCE APPLICATION

PRINT, COMPLETE AND FAX TO (866) 777-7567 WITH A COPY OF DRIVER'S LICENSE OR STATE ID

FINANCING TYPE: WIG TYPE**CLASS NAME****CONTACT INFORMATION**

| | | |
|------------------------|----------------|------------|
| First Name | Middle Initial | Last Name |
| Email | Home Phone | Work Phone |
| Social Security Number | Date of Birth | |

ADDRESS INFORMATION

| | | |
|------------------------------------|---------------------------|----------|
| Street | Apartment | |
| City | State | Zip Code |
| Do you rent or own your residence? | | |
| Rent Landlord/Mortgage Holder | | |
| Rent/Mortgage Monthly Amount | Time at Current Residence | yrs mos |
| Previous Residence | | |
| Rent Previous Street | | |
| Previous Street | Previous Apartment | |
| Previous City | State | Zip Code |

EMPLOYMENT INFORMATION

| | | |
|--------------------------|-------------------------|---------------------------|
| Place of Employment | | |
| Occupation | Business Phone | |
| Street | Apartment | |
| City | State | Zip Code |
| Time At Current Employer | yrs | mos |
| Gross Salary | Net Salary | |
| Net Salary Other Income | | |
| Other Income | | |
| Previous Employer | | |
| Previous Occupation | Previous Employer Phone | Time At Previous Employer |

BANKING INFORMATION

| | |
|--------------|------------------------|
| Name of Bank | Account Types |
| Name of Bank | Account Types |
| Lender | Monthly Payment |
| Total Debt | Length of Loan yrs mos |

CO-APPLICANT INFORMATION**CONTACT INFORMATION**

| | | |
|------------------------|----------------|------------|
| First Name | Middle Initial | Last Name |
| Email | Home Phone | Work Phone |
| Social Security Number | Date of Birth | |

ADDRESS INFORMATION

| | | |
|------------------------------------|---------------------------|----------|
| Street | Apartment | |
| City | State | Zip Code |
| Do you rent or own your residence? | | |
| Rent Landlord/Mortgage Holder | | |
| Rent/Mortgage Monthly Amount | Time at Current Residence | yrs mos |
| Previous Residence | | |
| Rent Previous Street | | |
| Previous Street | Previous Apartment | |
| Previous City | State | Zip Code |

CO-APPLICANT EMPLOYMENT INFORMATION

| | | |
|--------------------------|-------------------------|---------------------------|
| Place of Employment | | |
| Occupation | Business Phone | |
| Street | Apartment | |
| City | State | Zip Code |
| Time At Current Employer | yrs | mos |
| Gross Salary | Net Salary | |
| Net Salary Other Income | | |
| Other Income | | |
| Previous Employer | | |
| Previous Occupation | Previous Employer Phone | Time At Previous Employer |

I am interested in financing a wig or class and request that my Consumer Credit Report be obtained, at no cost to me, in order to help determine the types and extent of financing which may be available to me.

| | |
|-----------------------|------|
| Applicant's Signature | Date |
|-----------------------|------|

| | |
|--------------------------|------|
| Co-Applicant's Signature | Date |
|--------------------------|------|