



Application Instructions

1. Please print the application and fill it out- it's that easy! If there are any sections you have questions about, leave them blank for now and a teller will assist you.
2. Visit the "Branch Locations" page on this website to find your nearest National Check Cashers.
3. Bring your application and the following items with you to apply for your pay advance loan:
 - Your drivers license or state issued ID
 - Your most recent paystub
 - Your current phone bill
 - Your checkbook
4. Remember to print out the coupon on this website and bring it with you to receive our exclusive online discount!

Note: Before beginning, please inform us if you are currently in or contemplating bankruptcy!

YES NO INT.

National CHECK CASHERS

Payroll Advance Application

Please Print

WEB PRA

VERIFIED

N T O

PERSONAL INFORMATION

Name: (LAST)		(FIRST)	(MIDDLE)	M F	DOB:	SSN:	Drivers License No.:	ISSUED	EXP:
Address:		Apt No.:	City, State:		ZIP Code:	How Long?	Home Phone:	Ever Filed Bankruptcy?	
Previous Address (IF LESS THAN 2 YEARS ABOVE)							Cell Phone or Pager:		
Landlord: (RENT)			Address: (IF KNOWN)			Phone:			
Mortgage Co.: (OWN)									

EMPLOYMENT & BANK ACCOUNT INFORMATION

Employer (OR INCOME SOURCE)			Address (IF KNOWN)			City/ZIP Code:		
Annual Pay (YEARLY)	Gross Pay/Mo.:	Length of Employment:	Dept.:	Pay:	weekly / bi-weekly twice a month / once a month		Day of Week Paid:	
Title:	Shift:	Full-Time Part-Time	Supervisor:	Work Phone & Extension No.:				
Name of Bank:		Checking No.:	Direct Dept.	Any Garnishment On Your Wages:				
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				

PERSONAL REFERENCES (PARENTS OR RELATIVES)

Name:	Address:	City, State, ZIP:	Phone No.:	Relationship:

INFORMATION REGARDING JOINT ACCOUNT HOLDER

Name:		SSN:	DOB :	Drivers License No.:
Employer (OR INCOME SOURCE):		Address:	Work Phone & Extension No.:	Title:
Full-Time Part-Time	Length of Employment:	Shift:		Supervisor
Pay: weekly / bi-weekly twice a month / once a month	Day of Week Paid:	Gross Pay/Mo.:		

MARKETING INFORMATION

How Did You Hear About Us:					
<input type="checkbox"/> TV Ad	<input type="checkbox"/> Radio Ad	<input type="checkbox"/> Direct Mail-Brochure	<input type="checkbox"/> Newspaper Ad	<input type="checkbox"/> Buyer's Guide / Want Ads Paper	
<input type="checkbox"/> Yellow Pages Ad	<input type="checkbox"/> Signage	<input type="checkbox"/> From Another Customer or Friend	<input type="checkbox"/> Drive-by	<input type="checkbox"/> Other (Explain)	
Who Have You Received Cash Advances From In The Past:			How Far Do You Live From Our Branch:		
			<input type="checkbox"/> 0-3 Miles <input type="checkbox"/> 3 to 5 Miles <input type="checkbox"/> Over 5 Miles <input type="checkbox"/> Over 10 Miles		
Educational Background:		Children In Household:	Status:		
<input type="checkbox"/> High School <input type="checkbox"/> College		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced		
Total household Income (INCLUDING ALL WAGE EARNERS IN THE HOME):					
<input type="checkbox"/> Less Than \$20,000 <input type="checkbox"/> \$20,001 TO \$30,000 <input type="checkbox"/> \$30,001 TO \$40,000 <input type="checkbox"/> \$40,001 TO \$50,000 <input type="checkbox"/> \$50,001 TO \$60,000 <input type="checkbox"/> \$60,000 TO \$75,000 <input type="checkbox"/> \$75,000 and over					

Tele-Track I understand that National Check Cashers does not perform a lengthy credit check on applicants, but may preform a search in the Tele-Track database. Tele-Track is a national database of consumers who have a record of transactions in certain industries including deferred deposit, check cashing, rent-to-own, cable television accounts, customer finance companies and retail furniture stores. I agree to and authorize such a search. **Please read before signing.** I certify the information supplied by me on this form is true and correct. I authorize verification of all information contained herein, including contact with any person or firm listed above, and fully release all parties from all liability for any damage that may result. **Note** If joint application, each party agrees to be totally responsible for any outstanding balances owed. Any false statement made above shall be sufficient basis for rejection and I give permission to NATIONAL CHECK CASHERS TO RETAIN THIS APPLICATION IN THEIR FILES. I have read and understood the above statements.

Signature: _____ Date: _____
 Joint account Signature: _____ Date: _____

Teller Initials
Teller Number