

CONSUMER CREDIT APPLICATION

Credit Line Requested \$____

P.O. Box 965, Colchester, VT 05446 802-923-0718 www.bibens.com

PERSONAL	NAME						
	PHONE NUMBER			SOCIAL SECUR	ITY #		
	PRESENT ADDRESS			FOR HOW LON	IG? YEAR	RS M	IONTHS
	FORMER ADDRESS			FOR HOW LON	G? YEAR	S M	ONTHS
	DO YOURENT?OWN?	IF	= YOU OW	N, DO YOU HAVE A M	ORTAGE?	YES	NO
	IF YES, NAME OF BANK/MORTGAGE COM	PANY					
	IF MARRIED, SPOUSE'S NAME			SOCIAL SECURI	TY #		
	PAYMENT CONTACT NAME			EMAIL			
	HAVE YOU EVER HAD AN ACCOUNT	WITH US BEFORE?	YE	SNO IF	YES, WHEN?		
	WHY WAS IT CLOSED?						
EMPLOMENT	PRESENT EMPLOYMENT						
	ADDRESS				STATE	ZIP	
	LENGTH OF EMPLOYMENT:	YEARS MON	ITHS	PHONE NUMBER _			
	PREVIOUS EMPLOYMENT						
	ADDRESS		CITY		STATE	ZIP	
	LENGTH OF EMPLOYMENT:	YEARS MON	ITHS	PHONE NUMBER _			
BANKING	BANK NAME (CHECKING ACCT.)						
	ADDRESS			CITY	STATE	ZIP	
	ACCOUNT #						
	BANK NAME (CHECKINGACCT.)						
	ADDRESS			CITY	STATE	ZIP	
	ACCOUNT #						

APPLICATIONS THAT ARE NOT FILLED OUT IN THEIR ENTIRETY WILL BE RETURNED

In making this application for credit, I/We understand that an investigative report may be made whereby information may be obtained through personal interviews with my/our neighbors, friends or others with whom I/we are acquainted. I/We also understand that information may be obtained from credit reporting agencies regarding my/our credit experience.

I/We understand and agree that all bills are due and payable on the tenth of the month following purchase. Furthermore, I/We understand and agree that if the account has a balance over thirty (30) days, a monthly service charge of 1-1/2% month (which is an annual rate of 18%) will be computed on the overdue balance, and will be paid immediately and as charged, along with any fees for collection of my/our account, including Attorney's fees.

I/We hereby authorize the banks and creditors listed above to release banking and credit information in response to any inquiries made by Bibens Ace. I/We hereby agree that a facsimilie ("fax"), electronic, or photographic copy of this application shall be as valid as the original.

	Applicant Signature/D	ate	Spouse's Signature/Date				
Brattleboro	Burlington	• S. Burlington	Colchester	• Essex •	Springfield	Woodstock	
182 Main Street	1127 North Ave.	1961 Williston Road	713 W Lakeshore Drive	15 Essex Way	362 River Road	452 Woodstock Rd.	
Brattleboro, VT	Burlington, VT	S Burlington, VT	Colochester, VT	Essex, VT	N Springfield, VT	Woodstock, VT	
802-257-4566	802-881-0056	802-886-0969	802-243-0074	802-870-8120	802-886-2288	802-457-3291	