



CREDIT APPLICATION

Solar Panel Program

IMPORTANT: READ THESE DIRECTIONS BEFORE COMPLETING THIS APPLICATION

There is a \$100 Application Fee required to process your application for financing of your Solar Panel Installation

- CHOOSE APPROPRIATE LINE
- A. ___ If you are applying for individual credit in your own name and are relying on your own income or assets and not the income or assets of another person as the basis for repayment of the credit requested, complete Sections 1 and 3.
 - B. ___ If you are married and live in a community property state complete all Sections including Section 2 providing info about your spouse.
 - C. ___ If this is an application for joint credit with another person complete all Sections providing information in Section 2 about the co-app.

Section 1: APPLICANT				Have you ever filed bankruptcy?	If yes, when?
APPLICANT'S NAME (LAST, FIRST, MIDDLE INITIAL)				DATE OF BIRTH	SOCIAL SECURITY NUMBER
ADDRESS				DRIVER'S LICENSE NO.	
CITY, STATE, ZIP				STATE	EXPIRATION DATE
HOME PHONE		E-MAIL		NAME OF NEAREST RELATIVE	PHONE NUMBER
MORTGAGE COMPANY/LANDLORD			RENT/MORT. \$	ADDRESS, CITY, STATE, ZIP	
TIME AT RES.	YRS?	MOS?	___ OWNING/BUYING ___ RENT ___ OTHER	NAME OF ANOTHER RELATIVE	PHONE NUMBER
PREVIOUS ADDRESS, CITY, STATE, ZIP				ADDRESS, CITY, STATE, ZIP	
EMPLOYMENT		EMPLOYER'S NAME AND ADDRESS		BUSINESS PHONE NUMBER	OCCUPATION
				TIME ON JOB YRS MOS	
MONTHLY INCOME \$		PREVIOUS EMPLOYER'S NAME AND ADDRESS			OCCUPATION
					TIME ON JOB YRS MOS
OTHER INCOME		SOURCE OF OTHER INCOME: ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE INCOME NEED NOT BE DISCLOSED IF YOU DO NOT WISH TO HAVE IT CONSIDERED AS A BASIS FOR REPAYING THIS OBLIGATION. \$ _____			

Section 2: JOINT APPLICANT OR OTHER PARTY					
JOINT APPLICANT OR OTHER NAME (LAST, FIRST, MIDDLE INITIAL)			RELATIONSHIP	DATE OF BIRTH	SOCIAL SECURITY NUMBER
ADDRESS			DRIVER'S LICENSE NO.		
CITY, STATE, ZIP			STATE	EXPIRATION DATE	
HOME PHONE NO.		E-MAIL		NAME OF NEAREST RELATIVE	PHONE NUMBER
MORTGAGE COMPANY/LANDLORD			RENT/MORT. \$	ADDRESS, CITY, STATE, ZIP	
TIME AT RES.	YRS?	MOS?	___ OWNING/BUYING ___ RENT ___ OTHER	NAME OF ANOTHER RELATIVE	PHONE NUMBER
PREVIOUS ADDRESS, CITY, STATE, ZIP			ADDRESS, CITY, STATE, ZIP		
EMPLOYMENT		EMPLOYER'S NAME AND ADDRESS		BUSINESS PHONE NUMBER	OCCUPATION
				TIME ON JOB YRS MOS	
MONTHLY INCOME \$		PREVIOUS EMPLOYER'S NAME AND ADDRESS			OCCUPATION
					TIME ON JOB YRS MOS
OTHER INCOME		SOURCE OF OTHER INCOME: ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE INCOME NEED NOT BE DISCLOSED IF YOU DO NOT WISH TO HAVE IT CONSIDERED AS A BASIS FOR REPAYING THIS OBLIGATION. \$ _____			

Section 3: ASSET AND DEBT INFORMATION					
Please provide any additional credit information not listed on your credit report you would like considered as a part of this Credit Application.					
TYPE OF CREDIT	NAME OF COMPANY	NAME IN WHICH ACCT IS CARRIED ___ CLOSED	BALANCE \$	HIGH \$	MONTHLY PAYMENTS \$
		___ CLOSED	\$	\$	\$
		___ CLOSED	\$	\$	\$
		___ CLOSED	\$	\$	\$
PREVIOUS ASI CREDIT ___Y ___N		LAST VEHICLE PURCHASED (MAKE, MODEL, YEAR)		FINANCED BY	
BANK REFERENCE		BRANCH ADDRESS		___ CHECKING ___ SAVINGS	ACCOUNT NUMBER
HAVE YOU EVER HAD ANY PROPERTY REPOSSESSED?		DO YOU HAVE ANY SUITS PENDING AGAINST YOU?		HAVE YOU FILES BANKRUPTCY IN THE LAST 10 YEARS?	

F.A.C.T. ACT DISCLOSURE: ASI MAY REPORT INFORMATION ABOUT YOUR ACCOUNT TO CREDIT BUREAUS. LATE PAYMENTS, MISSED PAYMENTS, OR OTHER DEFAULTS ON YOUR ACCOUNT MAY BE REFLECTED IN YOUR CREDIT REPORT.

I certify that the above information is complete and accurate. You are authorized to investigate my credit and employment history and to release information about your credit experience with me. I have received a copy of this Credit Application.

SIGNATURE OF APPLICANT X	DATE X	SIGNATURE OF JOINT APPLICANT/OTHER PARTY X	DATE X
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