



# CREDIT APPLICATION

4616 State Route 66  
Apollo, PA 15613  
T: 724-727-3444  
F: 724-727-3446

## APPLICANT INFORMATION

Name:

Date of birth:

SSN:

Phone:

Current address:

City:

State:

ZIP Code:

Own

Rent

Monthly Payment:

How long?

## APPLICANT EMPLOYMENT INFORMATION

Current employer:

Employer address:

How long?

City:

State:

ZIP Code:

Position:

Hourly or Salary

Amount:

Previous employer:

Address:

How long?

City:

State:

ZIP Code:

Position:

Hourly or Salary

Amount:

## CO-APPLICANT INFORMATION, IF FOR A JOINT ACCOUNT

Name:

Date of birth:

SSN:

Phone:

Current address:

City:

State:

ZIP Code:

Own

Rent

Monthly Payment:

How long?

## CO-APPLICANT EMPLOYMENT INFORMATION

Current employer:

Employer address:

How long?

City:

State:

ZIP Code:

Position:

Hourly or Salary

Amount:

Previous employer:

Address:

City:

State:

ZIP Code:

Position:

Hourly or Salary

Amount:

I authorize SCHRECK RV CENTER, LLC. to verify the information provided on this form as to my credit and employment history.

Applicant :

Co-Applicant:

DATE: