

APPLICATION & CONSENT FORM

Last Name	First Name	Middle Initial
Maiden Name		
Social Security Number	I	Date of Birth
Current Home Address		
City	State	Zipcode
Tel	(Home)	
Tel	(Cell)	
Tel		
Tel	(Fax)	
PRIOR A	ADDRESS FOR THE L	AST FIVE YEARS
Address		
		Zipcode
Driver License Number		State
	PAYMENT INFORM	
	Credit/Debit Card	-
Credit Client (OnlyCredit KitBo	th (please check one)
Name as it appears on Credit (Card	
Card number		
Expiration Date		
-		
		s true and correct. I also hereby authorize Pearl
behalf to expedite my processing.	credit report from Trans Omo.	n, experian, and Equifax credit bureaus on my
Signature	Date	
	Pearl Polto, Inc	:
	P.O. Box 1816	1
	20111 1 1 1 1 2 2 4	2116

Philadelphia, PA 19116

1-866-61-PEARL 1-800-876-CRED

IMPORTANT NOTICE

If you are writing a check, kindly make the check payable to **Pearl Polto, Inc.**

Please do not write us a check if there is **insufficent funds** in your account. This will **Disqualify** you when the check comes back into our office and you can no longer employ our services.

If you feel there is a problem with your account please let us know before we deposit your check; this way, we will hold your check for 7 days until you can put the funds into your account and you will not be cancelled from our program.

Sorry for any inconvience, but we need this action in order to process you the same day we receive your application.

Remember as fast as you are we are faster		
Thank you for your attention to this important notice.		
When you give us your check kindly let us know if it is okay to deposit it.		
okay to deposit		
do not deposit until		
(please check one)		