

HAIRLINE ILLUSIONS FINANCE APPLICATION

PRINT, COMPLETE AND FAX TO (866) 777-7567 WITH A COPY OF DRIVER'S LICENSE OR STATE ID

FINANCING TYPE: WIG TYPE**CLASS NAME****CONTACT INFORMATION**

First Name	Middle Initial	Last Name
Email	Home Phone	Work Phone
Social Security Number	Date of Birth	

ADDRESS INFORMATION

Street	Apartment	
City	State	Zip Code
Do you rent or own your residence?		
Rent Landlord/Mortgage Holder		
Rent/Mortgage Monthly Amount	Time at Current Residence	yrs mos
Previous Residence		
Rent Previous Street		
Previous Street	Previous Apartment	
Previous City	State	Zip Code

EMPLOYMENT INFORMATION

Place of Employment		
Occupation	Business Phone	
Street	Apartment	
City	State	Zip Code
Time At Current Employer	yrs	mos
Gross Salary	Net Salary	
Net Salary Other Income		
Other Income		
Previous Employer		
Previous Occupation	Previous Employer Phone	Time At Previous Employer

BANKING INFORMATION

Name of Bank	Account Types
Name of Bank	Account Types
Lender	Monthly Payment
Total Debt	Length of Loan yrs mos

CO-APPLICANT INFORMATION**CONTACT INFORMATION**

First Name	Middle Initial	Last Name
Email	Home Phone	Work Phone
Social Security Number	Date of Birth	

ADDRESS INFORMATION

Street	Apartment	
City	State	Zip Code
Do you rent or own your residence?		
Rent Landlord/Mortgage Holder		
Rent/Mortgage Monthly Amount	Time at Current Residence	yrs mos
Previous Residence		
Rent Previous Street		
Previous Street	Previous Apartment	
Previous City	State	Zip Code

CO-APPLICANT EMPLOYMENT INFORMATION

Place of Employment		
Occupation	Business Phone	
Street	Apartment	
City	State	Zip Code
Time At Current Employer	yrs	mos
Gross Salary	Net Salary	
Net Salary Other Income		
Other Income		
Previous Employer		
Previous Occupation	Previous Employer Phone	Time At Previous Employer

I am interested in financing a wig or class and request that my Consumer Credit Report be obtained, at no cost to me, in order to help determine the types and extent of financing which may be available to me.

Applicant's Signature	Date
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Co-Applicant's Signature	Date
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