

2441 Webb Ave Suite 11E, Bronx NY 10468 T-866-364-2233 F-509-463-8926

[WWW.CCSSUSA.COM](http://WWW.CCSSUSA.COM) [info@ccssusa.com](mailto:info@ccssusa.com)

**PLEASE TAKE THIS INFO. FROM THE ORIGINAL DRIVER LICENSE**

**BORROWER'S INFORMATION:**

**First Name** \_\_\_\_\_ **Last Name** \_\_\_\_\_

**Home Address** \_\_\_\_\_ **Email** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Phone #** \_\_\_\_\_ **Cell #** \_\_\_\_\_

**Date Of Birth:** \_\_\_\_\_ **Social Security #** \_\_\_\_\_

**Driver License #** \_\_\_\_\_ **Exp Date:** \_\_\_\_\_

**PLEASE TAKE THIS INFO. FROM THE ORIGINAL DRIVER LICENSE**

**CO-SIGNER'S INFORMATION:**

**First Name** \_\_\_\_\_ **Last Name** \_\_\_\_\_

**Home Address** \_\_\_\_\_ **Email** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Phone #** \_\_\_\_\_ **Cell #** \_\_\_\_\_

**Date Of Birth:** \_\_\_\_\_ **Social Security #** \_\_\_\_\_

**Driver License #** \_\_\_\_\_ **Exp Date:** \_\_\_\_\_

By Signing and faxing or emailing us your Funding Application, you certify that (i) you are authorized to apply on behalf of their own name, that appears above under the Information portion of the Funding Application for a personal funding, funding from us and (ii) all information you provide within the Funding Application and other supporting documents is true and complete and that you will notify us of material changes to such information. You understand and agree that we and our agents and assignees are authorized to contact third parties to make inquiries in evaluating your Funding Application (including requesting business and personal credit bureau reports from credit reporting agencies and other sources) or for any update, renewal, extension of credit bureau's name and address/ You understand and agree that we may provide credit and other information from the Funding Application and on the signing individual(s) and the company with third parties who may use the information for any lawful purpose, including for the purpose of offering credit and/or other products and services to the signing individual(s) and/or the company. All funding programs are based under terms & conditions agreements of our lenders partners.

**BORROWERS**

**X** \_\_\_\_\_ **Signature Date:** \_\_\_\_\_

**CO-SIGNERS**

**X** \_\_\_\_\_ **Signature Date:** \_\_\_\_\_

**Please Fax 1-509-463-8926 or Scan & Email To: [info@ccssusa.com](mailto:info@ccssusa.com)**

- \*680+ personal credit scores **Minimum Required**
- \*3 bureaus / Credit Report - **Copy** - Recent at today
- \*2 years personal tax returns : **2016 & 2017** ( all pages )
- \*4 months of paystubs - **Copy** - ( all pagers )
- \*Driver License - **Copy**
- \*Social Security - **Copy**
- \*2 Home Utility Bills - ( Cable, Telephone, Electric Services ) ( all pages )