

**DIXONFUNDING LLC**  
**LOAN AND CREDIT APPLICATION**  
(PLEASE FAX TO 610-687-0280 OR E-MAIL TO JOE.DIXON@DIXONFUNDING.COM)

**APPLICANT INFORMATION**

**Name:**

<b>Date of birth:</b>	<b>SSN:</b>	<b>Phone:</b>
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**Current address:**

<b>City:</b>	<b>State:</b>	<b>ZIP Code:</b>
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Own    Rent    (Please check)	<b>Monthly payment or rent:</b>	<b>How long?</b>
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**Previous address:**

<b>City:</b>	<b>State:</b>	<b>ZIP Code:</b>
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Owned    Rented    (Please check)	<b>Monthly payment or rent:</b>	<b>How long?</b>
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**EMPLOYMENT INFORMATION**

**Current employer:**

<b>Employer address:</b>	<b>How long?</b>
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<b>Phone:</b>	<b>E-mail:</b>	<b>Fax:</b>
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<b>City:</b>	<b>State:</b>	<b>ZIP Code:</b>
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<b>Position:</b>	Hourly    Salary    (Please check)	<b>Annual income:</b>
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**Previous employer:**

<b>Address:</b>	<b>How long?</b>
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<b>Phone:</b>	<b>E-mail:</b>	<b>Fax:</b>
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<b>City:</b>	<b>State:</b>	<b>ZIP Code:</b>
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<b>Position:</b>	Hourly    Salary    (Please check)	<b>Annual income:</b>
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**Name of a relative not residing with you:**

<b>Address:</b>	<b>Phone:</b>
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<b>City:</b>	<b>State:</b>	<b>ZIP Code:</b>
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**Relationship:**

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

**Name:**

<b>Date of birth:</b>	<b>SSN:</b>	<b>Phone:</b>
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**Current address:**

<b>City:</b>	<b>State:</b>	<b>ZIP Code:</b>
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Own    Rent    (Please check)	<b>Monthly payment or rent:</b>	<b>How long?</b>
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**Previous address:**

<b>City:</b>	<b>State:</b>	<b>ZIP Code:</b>
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Owned    Rented    (Please check)	<b>Monthly payment or rent:</b>	<b>How long?</b>
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**EMPLOYMENT INFORMATION**

**Current employer:**

<b>Employer address:</b>	<b>How long?</b>
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<b>Phone</b>	<b>E-mail:</b>	<b>Fax:</b>
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<b>City:</b>	<b>State:</b>	<b>ZIP Code:</b>
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<b>Position:</b>	Hourly    Salary    (Please check)	<b>Annual income:</b>
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**Previous employer:**

**Address:**

<b>Phone:</b>	<b>E-mail:</b>	<b>Fax:</b>
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<b>City:</b>	<b>State:</b>	<b>ZIP Code:</b>
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<b>Position:</b>	Hourly    Salary    (Please check)	<b>Annual income:</b>
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**DIXONFUNDING LLC**  
**LOAN AND CREDIT APPLICATION**  
**(PLEASE FAX TO 610-687-0280 OR E-MAIL TO JOE.DIXON@DIXONFUNDING.COM)**

**APPLICATION INFORMATION CONTINUED**

**Name of a relative not residing with you:**

<b>Address:</b>	<b>Phone:</b>
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<b>City:</b>	<b>State:</b>	<b>ZIP Code:</b>
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**Relationship:**

**CREDIT CARDS**

Name	Account no.	Current balance	Monthly payment

**MORTGAGE COMPANY (PLEASE ATTACH ALL MORTGAGES ASSETS AND LIABILITIES)**

<b>Account no.:</b>	<b>Address:</b>
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**AUTO LOANS**

Auto loans	Account no.	Balance	Monthly payment

**OTHER LOANS, DEBTS, OR OBLIGATIONS**

Description	Account no.	Amount

**OTHER ASSETS OR SOURCES OF INCOME**

Description	Amount per month or value

**I authorize Dixonfunding LLC. to verify the information provided on this form as to my credit criminal and employment history. Any questions please call our office at 610-687-1079. Please fax application to 610-687-0280**

<b>Signature of applicant</b>	<b>Date</b>
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<b>Signature of co-applicant, if for joint account</b>	<b>Date</b>
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