

Breakthrough Addiction Recovery, LLC Credit Application

Name _____
First Middle Initial Last Suffix

Address _____
Street

City State Zip Code

Social Security Number _____ Birth Date _____

Home Phone _____ Cell Phone _____

E-Mail _____

Previous Address _____

Street

City State Zip Code

Are You: Homeowner ___ Renter ___ Live With Family ___ Other ___

Monthly Housing Payment \$ _____ Years at Residence _____

Employer _____

Position _____ Years There _____

Monthly Income \$ _____

Other Income? \$ _____ Source of Other Income? _____

Self-employed? Yes ___ No ___

Please submit this completed form to your Breakthrough Addiction Recovery, LLC representative.

The information contained in this statement is provided for the purpose of obtaining credit on behalf of the undersigned. Undersigned understands that we are relying on the information provided herein in deciding to grant or continue credit. Undersigned represents and warrants that the information provided is true and complete and that we may consider this statement as continuing to be true and correct until a written notice of a change is given to us by the undersigned. You authorized Breakthrough Addiction Recovery, LLC to make all inquiries we deem necessary to verify the accuracy of the statements made herein, and to determine your credit-worthiness.

Applicant Signature Date Signed