

## **FINANCING APPLICATION**

\*All information requested on this form must be filled out completely in order

to apply for financing. Please print and fax to 408-998-8417 or

email info@aquagolden.com

## All information submitted remains strictly confidential

	PERSONAL INF	ORMATION			
ull Legal Name:					
ocial Security Number:	Date of Birth:				
ddress:	City:			State:	Postal Code
ne Dhan Martin					
ome Phone Number: )	Cell Phone Number:		Alterna (	tive Phone Number:	
nail Address:	ID Numbe	r (Driver's License) Is	sue Date:	Expire Date:	State of Issue
			sue bute.	Expire Dute.	State of 1550
WA	TER SYSTEM PURCH	HASE INFORM	<b>IATION</b>		
rstem you are purchasing:	Reverse Osmosis Alkaline		Perfec	erfect Combination	
Selling Price (amount to finance):	Total to be Financed:	Are you making a down pa	yment?	Down paymer	nt amount:
\$	\$	🗌 Yes 🗌 N	o	\$	
hat type of financing are you interested in?			I		
12 months, same as cash	6 months, same as cash	Closed End (High	ier Payment, Lik	e an Auto Loan)	
Revolving (Lower Payment,	Like a Credit Card)	Unsure, Pleas	se Contact M	۹	
				C	
	ADDITIONAL IN	FORMATION			
	Monthly Rent / Mo		Expenses	Others (child	support)
Rent the home Own t	he home \$	\$		\$	
mployer:	Employment Start (MM/YY)	Employment Phone ()	Number:	Job T	itle:
mployer Address:					
Nonthly Income:	Additional Monthly Income:	Source of A	dditional Income:		
	\$				
CO -	- APPLICANT PERSC	ONAL INFORM	ΛΑΤΙΟΝ		
o-Applicant Full Name:				Phone Number:	
ocial Security Number:		Date of Birth:			
Sold Security Number.		Duce of Dirtin.			
o- applicant Address: (same applicant)	City:			State:	Postal Code
Co- Applicant Employer:	Employment Start (MM/YY)	Employment Phone ()	e Number:	T dol	ïtle:
o-applicant employer address:					
Ionthly Income:	Additional Monthly Income:	Source of A	dditional Income:		
	S				
dditional comments:					