

CREDIT APPLICATION for Spas N Stuff customers

In the 48 states, Fax Toll Free to: 1-866-275-0148

Questions? Call 1-866-595-6333 or 813-333-2907

Dealer ID: ELES2459

PRIMARY APPLICANT

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_ Suffix: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Birth (MM/DD/YYYY): \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_ (or other code word phrase for security purposes)

Address: \_\_\_\_\_ (include APT, LOT, etc.)

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Rent/Buy/Own: \_\_\_\_\_ Years there: \_\_\_\_\_ Rent/Mortgage Payment: \$ \_\_\_\_\_

Mobile Home? Y/N \_\_\_\_\_ Own/Rent the Land: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Years there: \_\_\_\_\_

Job Title: \_\_\_\_\_ Position: \_\_\_\_\_

Your Annual Salary: \$ \_\_\_\_\_ EMAIL: \_\_\_\_\_

CO-APPLICANT (if applicable)

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_ Suffix: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Birth (MM/DD/YYYY): \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Address (write SAME if same as above): \_\_\_\_\_ (include APT, LOT, etc.)

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Rent/Buy/Own: \_\_\_\_\_

Mobile Home? Y/N \_\_\_\_\_ Own/Rent the Land: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Years there: \_\_\_\_\_

Job Title: \_\_\_\_\_ Position: \_\_\_\_\_

Co-Applicant Annual Salary: \$ \_\_\_\_\_

Other Income: \$ \_\_\_\_\_ \*\*\* Source of Other Income: \_\_\_\_\_

Total Household Income: \$ \_\_\_\_\_ \*\*\*

\*\*\*Alimony, Child Support, or Separate Maintenance income need not be revealed if you do not wish it considered as a basis for repayment.

REQUESTED LOAN AMOUNT: \$ \_\_\_\_\_ Fast Approvals: Monday through Friday 9 a.m. 7 p.m. Eastern Time.  
Product Type: 17.99% APR up to 60 months Convenient Monthly Payments (finance charges may apply).

You are 18 or older. You authorize LENDER to check your credit, employment, and other information to process your application, service your account, and manage its relationship with you. You authorize LENDER to share information about you or your account with others including The Independent Savings Plan Company, even if you later opt your account out of information sharing with others. Your right to opt your account out of some of this sharing is described in the LENDER's Privacy Notice. The Privacy Notice will be delivered to you. If approved, your account will be subject to the terms of the LENDER's Account Agreement, including arbitration and supplemental agreement terms.

If LENDER declines this application, by signing below, you authorize ISPC at its option, to forward this application together with all supporting documentation, including any credit report to another lender for consideration. You understand that a loan from a secondary lender may have different terms and conditions than a loan from LENDER.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Co-Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_