

NATIONAL CASH ADVANCESM

Customer Application

Must be 18 years old to apply.
Please complete fully. Initial any changes.

Personal

Last Name		First Name		Middle Name <small>(Optional)</small>	
Home Phone # ()		Street Address			Apt. #
Postal Code		City			Province
Months At Address		Own Your Home? <input type="checkbox"/> Yes <input type="checkbox"/> No		Alternate Contact Phone # <small>(Alternate number where we can leave message for you.)</small>	
Driver's License # <small>(other identification # if no driver's license #)</small>				Province	Date Of Birth
Current Bankruptcy Or Do You Plan To File Within The Next 30 Days? <input type="checkbox"/> Yes <input type="checkbox"/> No					

Employment*

<input type="checkbox"/> Full-time Employed <input type="checkbox"/> Part-time Employed <input type="checkbox"/> Other	
Employer <small>(or income source)</small>	
Work Phone # ()	Ext.
Months At Job	
Pay Frequency <input type="checkbox"/> Every Two Weeks <input type="checkbox"/> Monthly <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Weekly <small>(For example: 1st & 15th of each month)</small>	
Next Pay Date	
Job Title <small>(If applicable)</small>	Work Hours (Shift)
Supervisor Name	
Previous Employer <small>(if under 12 months at current employer)</small>	

Additional Income*

(If applicable)

<input type="checkbox"/> Full-time Employed <input type="checkbox"/> Part-time Employed <input type="checkbox"/> Other	
Employer <small>(or income source)</small>	
Work Phone # ()	Ext.
Months At Job	
Pay Frequency <input type="checkbox"/> Every Two Weeks <input type="checkbox"/> Monthly <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Weekly <small>(For example: 1st & 15th of each month)</small>	
Next Pay Date	
Job Title <small>(If applicable)</small>	Work Hours (Shift)
Supervisor Name	

**Income from alimony, child support or separate maintenance payments need not be revealed if you do not wish to have it considered as part of your application.*

Vehicle

(If applicable)

Car Make	Car Model
Year	Color
Tag /License #	Province

References / Additional Contacts

1.	Name <small>(Parent or nearest relative not living with you.)</small>	Phone # ()	Relationship
2.	Name	Phone # ()	Relationship
3.	Name	Phone # ()	Relationship

You hereby consent to NCA National Cash Advance (Canada), ULC, and Advance America, Cash Advance Centers, Inc. and the members of its family of companies operating in various provinces, including without limitation under the name National Cash Advance® (each as applicable for the purposes set out below, "Advance America" or "we") to:

(a) collect and use the information you have provided on this and other forms in connection with this and other transactions with Advance America, the information we receive from consumer reporting agencies, and the information we receive from other non-affiliated third parties (for example, in order to verify representations made and information provided by you, such as your bank account information; from a person regarding their employment, credit, or other relationship with you such as your employment history; and financial services providers, such as lenders, collection agencies, loan brokers, cheque cashers, post-dated cheque cashers, deferred deposit providers, deferred presentment providers, and delayed deposit providers); and

(b) disclose such information to Advance America and non-affiliated third parties;

in each case for the purpose of providing or administering deferred presentment services to you or collecting repayments of those deferred presentment services (the "Services"), including using your contact information and transactional history for the purpose of sending you information regarding our Services.

(see other side of this application for additional information and signature)

By signing below, you also authorize us, from time to time, to disclose your personal information to Advance America:

- (a) for the purpose of, after the removal of your personal identifiers and on the basis of grouped transactional data, creating market analyses and other statistical studies; and
- (b) to the extent such disclosure may incidentally result from the shared use by members of Advance America for any purpose other than (a) above.

In addition to the above, we would like you to authorize us to disclose your contact information and transactional history to non-affiliated third parties whose products and services may be of interest to you. Please check the following box if you agree:

The file containing your information related to the provision of the Services to you will be kept by Advance America and their authorized employees, mandatories or agents who need to access the information in the administration and provision of the Services to you. Your information related to the Services will be held in a file at the Advance America member office providing you the applicable service and at the home office of Advance America, Cash Advance, Inc. currently located at 135 N. Church Street, Spartanburg, South Carolina, 29306. Advance America may send personal information outside the country for the purposes set out above, including for process and storage by members of Advance America and/or their service providers in connection with such purposes, and you should note that while such information is out of the country, it is subject to the laws of such country. You have a right to access and rectify the information contained in the file held about you and in order to exercise this right you can contact our Chief Compliance Officer at: **Advance America®, Cash Advance Centers, Inc.; Attn: Chief Compliance Officer; P.O. Box 3058, Spartanburg, South Carolina 29304-3058.**

Please Read Before Signing: I certify that the information supplied by me is true and correct. I authorize verification of the truthfulness of all information contained herein, including verification of income and banking information. I expressly authorize contact with any person or company identified above to verify any of the above information or to leave a message for me. Any false statement made by me shall be sufficient basis for rejection. I have read and understand the above statements. I acknowledge that this application and any supporting documentation provided with it is the property of Advance America. I understand that upon approval of my application I will be required to sign an Arbitration and Waiver of Other Trials Provision. By signing below, I acknowledge and agree that the Arbitration and Waiver of Other Trials Provision will remain in effect if I cancel or terminate the transaction and will apply to any disputes I may have about this application.

I acknowledge and agree that the consents and authorizations given above by me shall continue for so long as may be required to achieve the purposes identified above.

Signature

Date

/ /