



# Financing Application:

Please print application and fax to 775.996.7225 or save application as a digital file and email to [jen@ionways.com](mailto:jen@ionways.com).

Water ionizer to be financed:

Duration of lease term:

Down Payment (if any):  Please enter the amount of the down payment, if any, you would like to apply towards the water ionizer to be financed.

Please enter date of first payment:  (must fall within 45 days of today's date) (MM/DD/YYYY)

Language Preference  If Other, Please Specify Language

## Applicant Information

Marital Status

First Name:  Middle Name:  Last Name:  Suffix:

Date of Birth  /  /  MM/DD/YYYY You must be at least 18 Social Security Number

Mother's Maiden Name  Driver License / State ID  State

Current Housing Status  If you own, please select one of the following:

Years?  Housing Payment \$

Street Address  City  State  Zip

## Previous Address If You have lived at your current address 2 years or less. Please fill out the following data on the Previous location that you lived in.

Previous Housing Status  Years?  Old Housing Payment \$

Old Street Address  City  State  Zip

## Applicant Contact Information

Home Phone OR Cell Phone  Alternate Phone

Email Address

## Applicant Employment Information

Employment Status  Years  Occupation

Monthly Gross Income  Income Type  Pay Grade (military only)

Employer Name  Work Phone

Employer Address  City  State  Zip

## Banking Information

Account Type  Institution Name

Checking Acct. No. (if applicable)  Savings Acct. No. (if applicable)

## Co-Applicant Information

Marital Status

First Name:  Middle Name:  Last Name:  Suffix:

Date of Birth  /  /  MM/DD/YYYY You must be at least 18 Social Security Number

Mother's Maiden Name  Driver License / State ID  State

Current Housing Status  If you own, please select one of the following:

Years?  Housing Payment \$

Street Address City State select Zip

**Co-Applicant Contact Information**

Home Phone OR Cell Phone Alternate Phone

Email Address

**Co-Applicant Employment Information**

If you have worked at your current place of employment for less than 2 years, please fill out the Previous Employment section as well.

Employment Status employed Years Your Salary Occupation

Monthly Gross Income Income Type Hourly Pay Grade (military only)

Employer Name Work Phone

Employer Address City State select Zip

**Previous Employment Info**

If you have worked at your current job 2 years or less. Please fill out the data on your previous employment.

Employment Status employed Years Your Salary Occupation

Employer Name Work Phone

Employer Address City State select Zip

**Co-Applicant Banking Information**

Account Type Select Institution Name

Checking Acct. No. (if applicable) Savings Acct. No. (if applicable)

**Other Income**

Applicant Gross Other Income<sup>†</sup> Source of Other Income

Co-Applicant Gross Other Income<sup>†</sup> Co-Applicant's Source of Other Income

<sup>†</sup> Alimony, child support, or separate maintenance income need not be revealed if you do not wish it considered as a basis for repayment.

**References**

Please supply one (1) Credit Reference and three (3) Personal References. Personal References are to be a **Relative** living closest to you, but **NOT** living with you.

**Credit Reference:** Name Phone  
Account Number (if applicable) Monthly Payment \$ Balance \$

**Personal Reference #1** Name Phone  
City State select Relationship

**Personal Reference #2** Name Phone  
City State select Relationship

**Personal Reference #3** Name Phone  
City State select Relationship

**Co-Applicant References** Please supply one (1) Credit Reference and three (3) Personal References. Personal References are to be a **Relative** living closest to you, but **NOT** living with you.

**Credit Reference:** Name Phone  
Account Number (if applicable) Monthly Payment \$ Balance \$

**Personal Reference #1** Name Phone

City State select Relationship

**Personal Reference #2** Name Phone

City State select Relationship

**Personal Reference #3** Name Phone

City State select Relationship

**Authorization to release Credit Information**

I want the free Autopay Service:

- Yes I understand that electing "No" may result in a charge to me if I choose another premium reminder service such as the issuance of a coupon booklet or a monthly billing statement.
- No

**AUTHORIZATION FOR PREAUTHORIZED PAYMENTS:**

In the following box, the words "I" and "my" mean the Applicant. The words "we" and "our" mean the Applicant and the Co-Applicant.

	By initializing in the box, I (we) hereby request and authorize Preferred Credit, Inc. (PCI) to initiate entries to debit my (our) account, as described with the attached <b>VOIDED CHECK</b> . This authority is to remain in full force and effect until PCI is paid in full, or PCI and Bank/Financial Institution have received written notification from me of its termination at such a time and such a manner as to afford PCI and Bank/Financial Institution a reasonable opportunity to act on it. In addition to the Payment Amount, I (we) request and authorize PCI to initiate entries to debit my (our) account to collect any incidental fees or charges that may be due on the contract following maturity, as permitted by applicable law.
Applicant	
Co-Applicant	

**SEE THE REVERSE SIDE FOR ANY REQUIRED LEGAL NOTIFICATION.** To the best of my knowledge, all the information on this application is complete and accurate. I authorize the seller or its assignee to make whatever inquiries they deem necessary to evaluate my credit and if they extend credit, to collect, skip trace or service my account. I expressly authorize any third party i.e., credit reporting agency, creditor, bank or financial institution, employer, landlord, etc., to release whatever information is requested concerning me that the seller or its assignee may request.

Applicant's Signature Date

Co-Applicant's Signature Date

**IonWays Associate Customer Verification:**

IonWays associates are to provide their name and signature verifying the identity of the applicant and/or co-applicant. Please fill in the applicable fields below.

I (printed name) hereby verify the identity of the applicant and/or co-applicant by viewing a form of picture identification.

Associate's UserName Associate's Signature

If you have any questions, please call IonWays Customer Service at 775.324.2400 (option 3)



## PREFERRED CREDIT INC. PAYMENT SHEET

	VENUS			ISIS			ATHENA			DELPHI		
Term (months)	12	24	36	12	24	36	12	24	36	12	24	36
No Down Payment	\$140.63	\$78.29	\$57.87	\$168.86	\$94.00	\$69.48	\$234.70	\$130.66	\$96.58	\$281.74	\$156.85	\$115.94
\$300 Deposit	\$112.41	\$62.58	\$46.26	\$140.63	\$78.29	\$57.87	\$206.48	\$114.95	\$84.97	\$235.52	\$141.14	\$104.32

\*\* Payments are an approximation. Actual payment amounts may vary.