

Grass Hopper Lawn Care



of Alexandria, LLC

"We Handle it All, just give us a call!"

Leading the Industry



CONSUMER CREDIT APPLICATION

CONFIDENTIAL

APPLICANT INFORMATION

Name:

Date of birth:

SSN:

Phone:

Current address:

City:

State:

ZIP Code:

Own Rent (Please circle)

Monthly payment or rent:

How long?

Previous address:

City:

State:

ZIP Code:

Owned Rented (Please circle)

Monthly payment or rent:

How long?

EMPLOYMENT INFORMATION

Current employer:

Employer address:

How long?

Phone:

E-mail:

Fax:

City:

State:

ZIP Code:

Position:

Hourly Salary (Please circle)

Annual income:

Previous employer:

Address:

How long?

Phone:

E-mail:

Fax:

City:

State:

ZIP Code:

Position:

Hourly Salary (Please circle)

Annual income:

Name of a relative not residing with you:

Address:

Phone:

City:

State:

ZIP Code:

Relationship:

CO-APPLICANT INFORMATION, IF FOR A JOINT ACCOUNT

Name:

Date of birth:

SSN:

Phone:

Current address:

City:

State:

ZIP Code:

Own Rent (Please circle)

Monthly payment or rent:

How long?

Previous address:

City:

State:

ZIP Code:

Owned Rented (Please circle)

Monthly payment or rent:

How long?

EMPLOYMENT INFORMATION

Current employer:

Employer address:

How long?

Phone:

E-mail:

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City:

State:

ZIP Code:

Position:

Hourly Salary (Please circle)

Annual income:

Previous employer:

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CONSUMER CREDIT APPLICATION			
CONFIDENTIAL			
Address:			
Phone:	E-mail:	Fax:	
City:	State:	ZIP Code:	
Position:	Hourly Salary (Please circle)	Annual income:	
APPLICATION INFORMATION CONTINUED			
Name of a relative not residing with you:			
Address:		Phone:	
City:	State:	ZIP Code:	
Relationship:			
CREDIT CARDS			
Name	Account no.	Current balance	Monthly payment
MORTGAGE COMPANY			
Account no.:		Address:	
AUTO LOANS			
Auto loans	Account no.	Balance	Monthly payment
OTHER LOANS, DEBTS, OR OBLIGATIONS			
Description	Account no.	Amount	
OTHER ASSETS OR SOURCES OF INCOME			
Description		Amount per month or value	
I authorize Grass Hopper Lawn Care of Alexandria, LLC to verify the information provided on this form as to my credit and employment history.			
Signature of applicant			Date
Signature of co-applicant, if for joint account			Date

Please print, fill out, and sign this form. Return it by Email, Fax to (888) 487-6565 or mail it to:

Grass Hopper Lawn Care - 6703 Isabella Dr. Alexandria, LA 71301

It is the intention and commitment of Grass Hopper Lawn Care of Alexandria, LLC to provide high quality, reliable, and affordable grounds maintenance services for each of our customers. Without an excellent customer base, our business would not be possible. We understand the importance of being an honest and reliable service provider, and make it our constant goal to exceed that standard. We feel that this commitment to excellence has been the number one contributing factor in our growth and success.