

CREDIT APPLICATION

Sabal Tech's Fax#
(956) 525-4029

Merchant Information			
Merchant ID: 352-06-015	Merchant Name: Sabal Technologies	Send Documents to: Applicant: <input type="checkbox"/> Merchant: <input checked="" type="checkbox"/>	
Contact Name: Eduardo Villarreal	Email: ev@sabalmail.com	Phone: (956) 525-4200	
Financing Information			
Product / Service Description:		Desired Repayment Term: (months)	
Total Cost: \$	Deposit / Down Payment: \$	Amount Requested: \$	
Applicant Information			
Name (First, Middle, Last):		SSN:	
Date of Birth:	Driver's License / ID No:	US Citizen?	
Current Address:		Time at Residence?	
City:	State:	ZIP Code:	Own <input type="checkbox"/> or Rent <input type="checkbox"/>
Monthly Mortgage or Rent: \$	Mortgage Balance:	Lender or Landlord:	
E-Mail:	Home Phone:	Cell Phone:	
Applicant Employment Information			
Employer Name:	Employer Phone:	Date of Hire:	
Position:	Monthly Salary (Before Taxes): \$		
Other Monthly Income: \$	Source of Other Income:	Total Monthly Household Income: \$	
Co-Signer Information (if applicable)			
Co-Signer Name (First, Middle, Last):		US Citizen?	
SSN:	Driver's License / ID No:	Date of Birth:	
Current Address:		Time at Residence?	
City:	State:	ZIP Code:	Own <input type="checkbox"/> or Rent <input type="checkbox"/>
Monthly Mortgage or Rent: \$	Mortgage Balance:	Lender or Landlord:	
E-Mail:	Home Phone:	Cell Phone:	
Co-Signer Employment Information (if applicable)			
Employer Name:	Employer Phone:	Date of Hire:	
Job Title:	Monthly Salary (Before Taxes): \$		
Other Monthly Income: \$	Source of Other Income:		
Applicant Reference Information			
First Reference Name:		Relationship:	
Phone:		E-Mail:	
Second Reference Name:		Relationship:	
Phone:		E-Mail:	
<small>AGREEMENT; AUTHORIZATION TO INVESTIGATE CREDIT INFORMATION AND OBTAIN CREDIT REPORTS. I certify that the information provided in this Application is complete, correct and true to the best of my knowledge. I authorize Westwood Group LLC ("you") and your agents to pull my credit report from the credit reporting agencies and to investigate my credit, employment, and income records. If I request, I will be informed of whether credit reports were obtained, and, if so, I will also be informed of the associated names and addresses of the credit bureau(s) that provided those reports. By signing this Application, I authorize you, your agents and (to the extent provided in your privacy policy) your affiliates to offer me other finance and credit related products and services. By providing telephone numbers for a home phone, or cellular phone, or other phones in this Application, I am expressly consenting to receiving communications at these numbers, including, but not limited to, calls made with automated dialing systems, prerecorded voice message calls, text messages, and calls made by you, your agents and your affiliates. By providing my email address, I am expressly consenting to receiving communications at my email address as you, your agents and your affiliates may deem necessary. Depending on the status of my credit in relation to any co-applicant's credit, you may treat the co-applicant as the primary applicant to achieve the best possible credit terms, including payment plan. I further understand that this Application is not a promise, acceptance, nor a commitment to extend credit to me but solely a request that credit be provided to me under the terms and conditions to be disclosed in the Retail Installment Contract (or any other form of Promissory Note) which will be provided to me upon approval of my Application.</small>			
Applicant Signature		Date	Co-Signer Signature
			Date

Toll Free (800) 840-9844

Fax (310) 693-9132

support@selectpayments.com