

ALKAVIVA FINANCE APPLICATION

Get started on the road to ownership! Any information requested on this form must be filled out completely in order to apply for AlkaViva Financing. You can **print it and fax it to 775-201-1188** or **email** a scanned copy to financing@alkaviva.com

All information submitted remains strictly confidential

PERSONAL INFORMATION

Full Name:

DOB:

Address 1:

Address 2:

City:

State:

Zip:

Home #:

Cell #:

SSN#:

Email:

Driver's License #:

Driver's License Expires:

IONIZER INFORMATION

Ionizer Wanting to Purchase:

Selling Price:

Amount Requested:

ADDITIONAL INFORMATION

1. Do You - Rent or Own your home?

Home Value:

2. Monthly Mortgage Amount?

3. Account would you like? Revolving (Lower Pymt – like a credit card) or Closed End (Higher pymt – like an auto loan)

4. Would you like to put any money down? Yes or No If yes, Amount?

5. Employer:

Position:

6. How long have you worked there?

Employer Phone #:

7. Monthly Income:

Any Additional income?

8. Co-Applicant?

(have them answer the same questions)

9. Referring Dealer:

Additional Information/Comments: