



257 South Riverfront Blvd
Dallas, Texas 75207
214.526.4272
214.741.3505 fax

APPLICATION FOR CO-SIGNER

Defendant Name: _____ Relation to You: _____

Name: _____ Date of Birth: _____ Place of Birth: _____

Email: _____ Cell Phone: _____

SocSec#: _____ DL/ID #: _____ State: _____

Home Address: _____ City: _____ State: _____ How Long: _____

Home Phone: _____ If Buying, Name of Mortgage Bank: _____

Previous Address: _____ City: _____ State: _____ How Long: _____

Employer: _____ Position: _____ How Long: _____

Employer Address: _____ Phone: _____

Previous Employer: _____ Phone: _____ How Long: _____

Do you own any property? (list) _____

CREDIT REFFERENCES: (No account numbers are requested, only bank names)

Primary Bank: _____ Checking/Savings: _____ How Long: _____

Credit Card: _____ Balance: _____ / Credit Card: _____ Balance: _____

Car Note Bank: _____ Amount Owed: _____ Type of Car: _____

Notes: _____

PERSONAL REFFERENCES:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____