PERSONAL QUALIFICATIONS

miledas:
fast. money. solutions.

TO QUALIFY, YOU MUST BE/HAVE:

- ☑ Age 18 or Older, and a Citizen or Permanent Resident of the United States
- ☑ Open Active Checking Account for 90 Days or More (Direct Deposit Required)
- ☑ Verifiable Source of Income
- ☑ Home Phone or Cell Phone
- ☑ Monthly Income of $800 or More After Taxes and Deductions
- ☑ Proof of Mailing Address (Utility or Phone Bill)
- ☑ Driver's License (or State ID)
- ☑ Valid Email Address
- ☑ A Copy of Most Recent Bank Statement Showing Direct Deposit
- ☑ Copy of Social Security Card
- ☑ Voided Check / Bank Account Verification

TO QUALIFY, YOU CAN'T:

- ☒ Be An Active/Reserve Military Member or their Spouse
- ☒ Receive Unemployment Benefits
- ☒ Use Cash Deposits as Verifiable Income
- ☒ Direct Deposit to a Pre-Paid Debit or Liquid Card
- ☒ More than 2 Open Short-Term Loans

Phone: 972-293-4400 Fax: 972-293-4401 Email: support@miledas.com

PERSONAL MEMBERSHIP

How did you hear about us?

Do you currently have a loan with another short-term lender? ☐ Yes ☐ No How many:

How much do you need to borrow?

PERSONAL INFORMATION

Name: Email Address:

Home Address:

City: State: Zip:

Cell Phone #: Home Phone #:

Social Security #: Date of Birth:

Do You ☐ Own or ☐ Rent Your Home? How Long?:

EMPLOYMENT INFORMATION

Employer: Position:

Employer Address:

City: State: Zip: Phone:

How Long: Monthly Income: How often are you paid?

What is your pay day?

I CUSTOMER MAY CANCEL THIS CONTRACT, WITHOUT ANY PENALTY OR OBLIGATION, WITHIN THREE DAYS AFTER THE DATE THE CONTRACT IS SIGNED. AN ELECTRONIC DEBIT AUTHORIZATION, AS APPLICABLE, IS PART OF THIS LOAN AGREEMENT AND PROMISSORY NOTE. CONSUMER ACKNOWLEDGES RECEIPT OF AND AGREEMENT TO THE CREDIT SERVICES DISCLOSURE BROCHURE AND ARBITRATION AGREEMENT, WHICH IS INCORPORATED HEREIN BY REFERENCE. CONSUMER ACKNOWLEDGES RECEIPT OF AND AGREEMENT TO CAB'S AND LENDER'S PRIVACY POLICIES. BY SIGNING BELOW, CONSUMER AND LENDER AGREE TO THIS LOAN AGREEMENT AND PROMISSORY NOTE, AND ACKNOWLEDGE RECEIPT OF A COPY OF IT AND THE DOCUMENTS REFERENCED ABOVE.

SIGNATURE

Signature: _____ Date: _____

You must print the form and sign in the signature field. You can scan the form in and email to support@miledas.com or fax to 972.293.4401.

Phone: 972-293-4400 Fax: 972-293-4401 Email: support@miledas.com

TRANSFER AUTHORIZATION

I did not appear in person at MILEDAS to present my checking account information and do authorize all monies to be transferred to my checking account and that the information below is valid and true.

Please complete all the following information. Your membership cannot be processed if incomplete.

CHECKING ACCOUNT INFORMATION

Bank Name: _____

Routing #: _____ Account #: _____

Name on Account: _____

Address: _____

City: _____ State: _____ Zip: _____

I CUSTOMER MAY CANCEL THIS CONTRACT, WITHOUT ANY PENALTY OR OBLIGATION, WITHIN THREE DAYS AFTER THE DATE THE CONTRACT IS SIGNED. AN ELECTRONIC DEBIT AUTHORIZATION, AS APPLICABLE, IS PART OF THIS LOAN AGREEMENT AND PROMISSORY NOTE. CONSUMER ACKNOWLEDGES RECEIPT OF AND AGREEMENT TO THE CREDIT SERVICES DISCLOSURE BROCHURE AND ARBITRATION AGREEMENT, WHICH IS INCORPORATED HEREIN BY REFERENCE. CONSUMER ACKNOWLEDGES RECEIPT OF AND AGREEMENT TO CAB'S AND LENDER'S PRIVACY POLICIES. BY SIGNING BELOW, CONSUMER AND LENDER AGREE TO THIS LOAN AGREEMENT AND PROMISSORY NOTE, AND ACKNOWLEDGE RECEIPT OF A COPY OF IT AND THE DOCUMENTS REFERENCED ABOVE.

SIGNATURE

Signature: _____ Date: _____

You must print the form and sign in the signature field. You can scan the form in and email to support@miledas.com or fax to 972.293.4401.

Phone: 972-293-4400 Fax: 972-293-4401 Email: support@miledas.com

PAYMENT/DRAFT AUTHORIZATION

I did not appear in person at MILEDAS to present my credit/debit card and do authorize by my signature any and all valid charges made on my credit/debit card by MILEDAS. I understand my credit/debit card will be billed for the minimum principal and interest payment and so authorize said billing as well as additional usage charges as they occur. I understand that charges declined by the credit/debit card issuer will constitute grounds for cancellation of my membership and that all charges incurred will be subject to collection procedures.

Please complete all the following information. Your membership cannot be processed if incomplete.

CREDIT/DEBIT CARD INFORMATION

Select type of Debit/Credit Card: MasterCard ☐ VISA ☐ AMEX ☐ Discover ☐

Number: _____ Exp. Date: _____

Name of Credit/Debit Card Holder: _____ CCV2 Security Code: _____

(As appears on the card) *(As appears on rear of card)*

Address: _____

(As appears on the statement)

City: _____ State: _____ Zip: _____

SIGNATURE

Signature: _____ Date: _____

You must print the form and sign in the signature field. You can scan the form in and email to support@miledas.com or fax to 972.293.4401.

Phone: 972-293-4400 Fax: 972-293-4401 Email: support@miledas.com

BANK ACCOUNT VERIFICATION FORM

SECTION A: PERSONAL INFORMATION

Name:

Address:

City: State: Zip:

BANK INFORMATION

Routing # (must be 9 numbers): Account #:

I authorize you to release the following information by Miledas concerning my bank account with your bank. ☐ Yes ☐ No

Applicant's Signature: _____ Date:

Name (Print): Title:

SECTION B: ACH INFORMATION (MUST BE COMPLETED BY BANK REPRESENTATIVE)

Bank Name:

ACH Routing Number (if different): Does this account accept ACH credits and debits? ☐ Yes ☐ No

Type of Account: ☐ Personal Checking ☐ Business Checking ☐ Savings

Is the account: ☐ Open ☐ Closed

Bank Representative's Signature: _____ Phone:

Bank Representative's Name: Date:

Does the account information in Section A match your records? ☐ Yes ☐ No

Please fax form to 972.293.4401 Attn: Account Verification

A **bank or teller stamp** must be placed in this section to verify the information on this page.

If you have any questions, please contact Member Service at 972-934-4400.

PRINT FORMS

Phone: 972-293-4400 Fax: 972-293-4401 Email: support@miledas.com