

## SIIC Installment Plan Application

Name (Individual or Organization) \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (Work, Home, Mobile) \_\_\_\_\_

Tax Payer ID / Soc. Security # \_\_\_\_/\_\_\_\_/\_\_\_\_ Driver's License # \_\_\_\_\_

Present Employer \_\_\_\_\_ Phone \_\_\_\_\_

Position Title \_\_\_\_\_ Years There \_\_\_\_\_

Employer's Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Present Net Salary or Commission \$ \_\_\_\_\_ per \_\_\_\_\_

Workshop Requested \_\_\_\_\_

Down Payment (40% min.) \_\_\_\_\_

Credit Requested (60% max) \_\_\_\_\_

Everything that I have stated in this application is correct to the best of my knowledge. I understand that you will retain this application whether or not it is approved. You are authorized to check my credit and employment history and to answer questions about your credit experience with me.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Other Signature (Where Applicable) \_\_\_\_\_ Date \_\_\_\_\_

Please submit this application by fax or email to Steven Dowd  
Email: [steven@intercultural.org](mailto:steven@intercultural.org)  
Fax: (503) 297-4695