

CONSUMER FINANCIAL SERVICES
REFERENCE SHEET

FAMILY

MOM/DAD _____
ADDRESS _____
CITY _____
STATE/ZIP CODE _____
PHONE _____
CELL _____

MOM/DAD _____
ADDRESS _____
CITY _____
STATE/ZIP CODE _____
PHONE _____
CELL _____

BROTHER/SISTER _____
ADDRESS _____
CITY _____
STATE/ZIP CODE _____
PHONE _____
CELL _____

BROTHER/SISTER _____
ADDRESS _____
CITY _____
STATE/ZIP CODE _____
PHONE _____
CELL _____

IN-LAWS _____
ADDRESS _____
CITY _____
STATE/ZIP CODE _____
PHONE _____
CELL _____

YOUR CELL# _____

DATE _____

NAME _____
SIGNATURE

FRIENDS

NAME _____
ADDRESS _____
CITY _____
STATE/ZIP CODE _____
PHONE _____
CELL _____

NAME _____
ADDRESS _____
CITY _____
STATE/ZIP CODE _____
PHONE _____
CELL _____

NAME _____
ADDRESS _____
CITY _____
STATE/ZIP CODE _____
PHONE _____
CELL _____

NAME _____
ADDRESS _____
CITY _____
STATE/ZIP CODE _____
PHONE _____
CELL _____

NAME _____
ADDRESS _____
CITY _____
STATE/ZIP CODE _____
PHONE _____
CELL _____

CFS MAY CALL THESE REFERENCES TO
CONFIRM THE RELATIONSHIPS STATED
OR IF YOUR ACCOUNT GOES
DELINQUENT AND WE CAN NOT
CONTACT YOU.