



Credit Access Business Borrower Complaint Affidavit

BORROWER INFORMATION

Name: _____

Address (Street/City/State/Zip): _____

Phone Number: _____ Email Address: _____

PAYDAY / AUTO TITLE LENDER INFORMATION

Business Name: _____

Address: _____

Mailing Address (If different): _____

Phone Number: _____ Fax Number: _____

Email: _____

COMPLAINT INFORMATION

1. Is/was the loan a payday loan or an auto title loan?

Payday Auto title

1a. IF the loan was an auto title loan, what retail value was provided to you? \$ _____

1b. What is the year, make and model of the auto for which the auto title loan was made? e.g. 2009 Toyota Corolla.

Year: _____ Make: _____ Model: _____

2. Is/was the loan an installment agreement (more than one payment) or a lump sum loan agreement (one time payment)?

Installment Lump Sum

3. If the is/was an installment agreement, how many installments (renewals/refinances) have you signed?

1 2 3 4 5 6 or more

4. What date did you first takeout the loan (month/day/year)? _____

5. What is the date you signed your most recent loan (month/day/year)? _____

6. What was the original amount borrowed? \$ _____

7. How much do you currently owe? \$ _____

8. What type of income verification did the borrower provide to the lender?

Paycheck IRS Form W-2 Previous year's tax return A signed letter from an employer Other (please specify) _____

9. What is the payment amount on the loan (amount due each period)? \$ _____

10. What is your gross income? Monthly \$ _____ Annually \$ _____

STATEMENT OF OATH

I affirm/swear that the statement(s) made herein are within my personal knowledge and are true and correct.

Sworn to me this the _____ day of _____, 20_____.

_____ Printed Name of Person Making Complaint (Affiant)	_____ Deputy Court Clerk OR NOTARY Public of the State of Texas
_____ Signature of Person Making Complaint (Affiant)	Date My Commission Expires: _____
_____ Date Submitted	

DEMOGRAPHIC DATA (OPTIONAL AND FOR STATISTICAL PURPOSES ONLY)

RACE	<input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Other _____
ETHNICITY	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic
GENDER	<input type="checkbox"/> Female <input type="checkbox"/> Male

FOR INTERNAL/OFFICE USE ONLY

Complaint Number: _____

Date Received: _____

Date Reviewed: _____

Date of Hearing: _____

Attendees:

Printed Name

Printed Name

Printed Name

Printed Name

Printed Name

Printed Name

Printed Name

PLEASE RETURN COMPLETED PACKET TO DIVISION OF GENERAL SERVICES OFFICE @ 101 N MAIN ST. TEMPLE TX 76501