

STORE NAME _____ STORE PHONE OR FAX _____

LAST NAME _____ FIRST NAME _____ INITIAL _____ DATE OF BIRTH _____ SPOUSE NAME _____ NO. OF DEPENDENT CHILDREN _____ ()

STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____ NO. OF YEARS _____ TELEPHONE _____

SOCIAL SECURITY NO. _____ DRIVERS LICENSE NO. / STATE _____ EMAIL _____

OWN RENT MONTHLY PAYMENTS \$ _____ BANK NAME _____

NAME AND ADDRESS OF LANDLORD/MORTGAGE HOLDER _____

PREVIOUS ADDRESS (IF LESS THAN 3 YEARS AT PRESENT ADDRESS) _____ NO. OF YEARS _____

PRESENT EMPLOYER _____ POSITION _____ NO. OF YEARS _____ MONTHLY INCOME _____ ()

EMPLOYERS ADDRESS _____ CITY _____ STATE _____ TELEPHONE _____

PREVIOUS EMPLOYER (IF PRESENT EMPLOYMENT LESS THAN 3 YEARS) _____ ADDRESS _____ CITY _____

OTHER INCOME _____ SOURCE _____

NEAREST RELATIVE/FRIEND (NOT LIVING WITH YOU) _____ RELATIONSHIP _____ ADDRESS _____ CITY _____ STATE _____ TELEPHONE _____ ()

IF CO-APPLICANT, PLEASE COMPLETE THE FOLLOWING (APPLICANT AND CO-APPLICANT MUST RESIDE AT SAME ADDRESS):

LAST NAME _____ FIRST NAME _____ INITIAL _____ RELATIONSHIP TO APPLICANT _____

SOCIAL SECURITY NO. _____ DATE OF BIRTH _____

PRESENT EMPLOYER _____ POSITION _____ NO. OF YEARS _____ MONTHLY INCOME _____ ()

EMPLOYERS ADDRESS _____ CITY _____ STATE _____ TELEPHONE _____

CREDIT REFERENCES:
 NAME _____ ACCOUNT # _____

1) _____

2) _____

NOTICE TO APPLICANTS:
 YOU MAY APPLY FOR CREDIT IN YOUR NAME ALONE WITHOUT YOUR SPOUSE OR ANY OTHER PERSON REGARDLESS OF YOUR SEX OR MARITAL STATUS. THE FEDERAL EQUAL CREDIT OPPORTUNITY ACT PROHIBITS CREDITORS FROM DISCRIMINATING AGAINST: CREDIT APPLICANTS ON THE BASIS OF RACE, COLOR, RELIGION, NATIONAL ORIGIN, SEX, MARITAL STATUS, AGE (PROVIDED THE APPLICANT HAS THE CAPACITY TO ENTER INTO A BINDING CONTRACT), BECAUSE ALL OR PART OF THE APPLICANT'S INCOME DERIVES FROM ANY PUBLIC ASSISTANCE PROGRAM; OR BECAUSE THE APPLICANT HAS, IN GOOD FAITH, EXERCISED ANY RIGHT UNDER THE CONSUMER CREDIT PROTECTION ACT. THE FEDERAL AGENCY THAT ADMINISTERS OUR COMPLIANCE WITH THIS LAW IS THE FEDERAL TRADE COMMISSION, EQUAL CREDIT OPPORTUNITY, WASHINGTON, DC 20580. WE DO STATE AND REPRESENT THAT THE INFORMATION LISTED ON THIS APPLICATION IS TRUE AND COMPLETE. WE AUTHORIZE YOU AND/OR ANY PROPOSED ASSIGNED TO VERIFY MY/OUR CREDIT STANDING AND EMPLOYMENT AS DEEMED NECESSARY.

DATE _____ WITNESS _____ APPLICANT _____

DATE _____ WITNESS _____ APPLICANT _____

TO BE COMPLETED BY STORE:

REFAXING MDSE _____ PRICE _____ SALESPERSON _____

CASH D/P _____ APPROVAL # _____ AMT. OF TRADE _____

DEALER # _____ NO. MOS. _____ PMTS. _____ FIRST PAYMENT DUE DATE _____

DELIVERY ADDRESS _____