

STORE NAME \_\_\_\_\_ 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 \_\_\_\_\_ BANK NAME \_\_\_\_\_

OWN  RENT  MONTHLY PAYMENTS \$

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 \_\_\_\_\_