



## CREDIT APPLICATION

I AM APPLYING:

- ☐ IN MY OWN NAME  
☐ JOINTLY WITH \_\_\_\_\_

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 <input type="checkbox"/>	RENT <input type="checkbox"/>	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:

STORE HAS VIEWED PICTURE I.D. ☐

☐ REFAXING MDSE \_\_\_\_\_ PRICE \_\_\_\_\_ SALESPERSON \_\_\_\_\_  
CASH D/P \_\_\_\_\_ APPROVAL # \_\_\_\_\_ AMT. OF TRADE \_\_\_\_\_  
DEALER # \_\_\_\_\_ NO. MOS. \_\_\_\_\_ PMTS. \_\_\_\_\_ FIRST PAYMENT DUE DATE \_\_\_\_\_  
DELIVERY ADDRESS \_\_\_\_\_