



(FOR OFFICE USE ONLY)

ACCOUNT #: _____

BY: _____

DATE: _____

CREDIT LIMIT: _____

TERMS: _____

APPLICANT INFORMATION TYPE OF ACCOUNT: INDIVIDUAL JOINT (FILL OUT CO-APPLICANT INFO)

SOCIAL SECURITY NUMBER		NAME (FIRST, MI, LAST)				
STREET ADDRESS, CITY, STATE, ZIP						
DATE OF BIRTH		HOME PHONE		CELL PHONE		
DRIVERS LICENSE #						
MARITAL STATUS <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> SINGLE						
DO YOU HAVE A <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS ACCT BANK/LOCATION				ANY JUDGEMENTS AGAINST YOU <input type="checkbox"/> YES <input type="checkbox"/> NO		
				HAVE YOU EVER FILED BANKRUPTCY? <input type="checkbox"/> YES <input type="checkbox"/> NO		
CURRENT RESIDENCE <input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> BUYING <input type="checkbox"/> PARENT <input type="checkbox"/> RELATIVE <input type="checkbox"/> OTHER						
DATE MOVED IN		MTG/RENT PAYMENT \$ /MONTH TO WHOM		WILL PURCHASE BE TAX EXEMPT? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES WE NEED A COPY OF YOUR PERMIT		
PERSONAL REFERENCE		ADDRESS			PHONE	CELL PHONE
CREDIT REFERENCE		ADDRESS			PHONE	
PLACE OF EMPLOYMENT			EMPLOYER ADDRESS, CITY, STATE, ZIP			
GROSS YEARLY INCOME		DATE EMPLOYED		WORK PHONE		CURRENT POSITION
PREVIOUS EMPLOYER			PHONE		DATES EMPLOYED	
AMOUNT OF CREDIT REQUESTED			CREDIT REQUESTED FOR:			

CO-APPLICANT INFORMATION

SOCIAL SECURITY NUMBER		NAME (FIRST, MI, LAST)			
STREET ADDRESS, CITY, STATE, ZIP <input type="checkbox"/> SAME AS APPLICANT					
DATE OF BIRTH		HOME PHONE		CELL PHONE	
DRIVERS LICENSE #					
PLACE OF EMPLOYMENT					
EMPLOYER ADDRESS, CITY, STATE, ZIP					
GROSS YEARLY INCOME		DATE EMPLOYED		WORK PHONE	
CURRENT POSITION					

MY CREDIT APPLICATION IS CORRECT TO THE BEST OF MY KNOWLEDGE AND MAY BE RELIED ON BY YOU. YOU MAY MAKE APPROPRIATE INQUIRIES REGARDING ME AND, AS LAWFUL MY SPOUSE AND PROVIDE YOUR CREDIT EXPERIENCE TO OTHERS. YOU MAY PROVIDE INFORMATION ABOUT ME OR MY ACCOUNT TO OTHERS. I FULLY UNDERSTAND THAT IF THIS ACCOUNT IS PLACED FOR COLLECTION, I WILL BE LIABLE FOR ALL COSTS AND A REASONABLE ATTORNEY'S FEE.

SIGNATURE OF APPLICANT _____ DATE _____

SIGNATURE OF APPLICANT _____ DATE _____

Terms: Net 10th of the month following the date of purchase unless other arrangements are made. A FINANCE CHARGE of 1^{1/2}% per month, or 18% per annum, will be charged on all accounts over 30 days old. (Minimum finance charge of \$.50.) Any account placed for collection will be liable for all costs and a reasonable attorney's fee.

***WE STRONGLY URGE YOU TO GET A LIEN WAIVER SIGNED FROM ALL INDIVIDUALS OR COMPANIES YOU PAY. YOU CAN GET THESE FORMS FROM YOUR BANKING INSTITUTION.

NEW CONSTRUCTION/REMODEL APPLICANTS:

PROJECT ADDRESS:		LEGAL DESCRIPTION:	
DIRECTIONS TO RESIDENCE			
CONTRACTOR NAME		DO YOU HAVE A CONSTRUCTION LOAN FOR THIS PROJECT? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHERE:	
LOAN APPLICATION: <input type="checkbox"/> PENDING <input type="checkbox"/> APPROVED		LOAN AMT:	
BANK CONTACT:		PHONE:	
IF NO, HOW DO YOU PLAN TO FINANCE THIS PROJECT?			

IF APPROVED, I AUTHORIZE THE FOLLOWING PERSONS TO CHARGE ON MY ACCOUNT:
