



(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		
<b>AMOUNT OF CREDIT REQUESTED</b>		<b>CREDIT REQUESTED FOR:</b>			

**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 10<sup>th</sup> of the month following the date of purchase unless other arrangements are made. A FINANCE CHARGE of 1<sup>1/2</sup>% 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:

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