



PO Box 2548
Greenville, NC 27836

Date _____

APPLICANT – PLEASE TELL US ABOUT YOURSELF				CO-APPLICANT		
First Name	Initial	Last Name		First Name	Initial	Last Name
Social Security #				Social Security #		
Estimated amount of Credit Desired \$				Relationship to Applicant		
Street Address				Street Address		
City	State	ZIP		City	State	ZIP
Home Phone ()		Business Phone ()		Home Phone ()		Business Phone ()
If under 2 years – Previous Address				If under 2 years – Previous Address		
City	State	Zip		City	State	Zip
Own or Rent Home __Own __Rent		Name of Landlord/Mortgage Company		Own or Rent Home __Own __Rent		Name of Landlord/Mortgage Company
Employer	Address	Phone # ()		Employer	Address	Phone # ()
If Employed less than 1 year – Previous Employer				If Employed less than 1 year – Previous Employer		
Present Income				Present Income		
Name & Address of Nearest Relative Not Living with you				Name & Address of Nearest Relative Not Living with you		
Intended use of materials purchased on credit and source of payment						
Name(s) of Person(s) authorized to order material for you:						
TELL US ABOUT YOUR CREDIT REFERENCES						
Name	Location	Amount Owed	How Payable			
Have you or any entities, which you have an ownership in, filed for Bankruptcy? Yes / No (If yes please attach an explanation)						
BANK REFERENCES	Name	Account #	Type	Contact Name & Number		
<p>In compliance with public law 91-508 "Fair Credit Reporting Act" you are advised that a routine inquiry may be made during our initial or subsequent processing of your request for an extension of credit, which will possibly provide information concerning your credit worthiness, credit standing, present amount of credit, credit capacity general character and reputation, and personal characteristics to include mode of living. You are entitled, upon written request, to information on the nature and scope of the inquiry.</p> <p>In the event of default the undersigned agrees to pay all cost of collections including a reasonable Attorney's fee of 15% of the balance due and owing, even if such amount is in excess of the requested credit amount. Purchases and/or deliveries are herein authorized to be made without signature. Copy of statement acknowledged. I understand that if my account becomes late it will be subject to a service charge in the amount of 1 1/2% per month, which I agree to pay.</p>				FOR OFFICE USE ONLY		
				Credit Limit Approved \$ _____		
Approved by _____				_____		
___ Yes ___ No - Customer informed of credit request status				Method of Contact _____ Initials _____		
Date _____				Signature of Applicant _____		
Date _____				Signature of Co-Applicant _____		