



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	
SS#		Email		SS#		Email		
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>				<p>FOR OFFICE USE ONLY</p> <p>Credit Limit Approved \$ _____</p> <p>Approved by _____</p> <p>__ Yes __ No - Customer informed of credit request status</p> <p>Method of Contact _____ Initials _____</p>				
Date				Signature of Applicant				
Date				Signature of Co-Applicant				