

**Tell Us About Yourself**

**Amount of Credit Desired** \_\_\_\_\_

**APPLICANT**

Name		Date of Birth	Social Security No		<input type="checkbox"/> Married	Phone (Home)	
					<input type="checkbox"/> Unmarried	(Business)	
					<input type="checkbox"/> Separated		
Address (street) (city) (state) (zip)				No. Dependents	<input type="checkbox"/> Own	How Long	
					<input type="checkbox"/> Rent		
					<input type="checkbox"/> Board	_____ Yrs.	
Name and Address of Landlord or Mortgage Holder					Mort. Pay't or Rent		
					\$ _____ mo.		
Previous Address					<input type="checkbox"/> Own		How Long
					<input type="checkbox"/> Rent		
					<input type="checkbox"/> Board		_____ Yrs.

**APPLICANT'S EMPLOYMENT AND/OR OTHER INCOME**

Employer	Occupation	Phone	How Long
			_____ Yrs.
Address (street) (city) (state) (zip)		Income	
		<input type="checkbox"/> Weekly	Net
		<input type="checkbox"/> Semi-Monthly	Pay
		<input type="checkbox"/> Monthly	Amount \$
			Date Paid
Other Income: (Alimony, Child Support or Separate Maintenance Payments need not be disclosed unless relied upon for credit.) (Describe source, amount, frequency, etc.)		Do you pay child support?	
		Monthly Amount \$ _____	
Previous Employer	Address	Position	How Long
			_____ Yrs.
Have You Filed Bankruptcy In Last Ten Years? Yes <input type="checkbox"/> No <input type="checkbox"/>		Do you have any medical bills? \$ _____	

**SPOUSE INFORMATION - IF APPLICABLE**

**NOTICE:** Applicant should provide requested information on spouse, if answer is "Yes" to one or more of the following questions: (Please check "Yes" or "No".)

1. Will spouse sign the agreement or contract? Yes  No
2. Will spouse use the account? Yes  No
3. Is applicant relying on spouse's income (or community property) for repayment? Yes  No
4. Is applicant relying on alimony, child support or separate maintenance payments from spouse (or former spouse) for repayment? Yes  No

Spouse's Name		Date of Birth	Social Security No			
Address (street) (city) (state) (zip)				Phone (Home)	(Business)	How Long
						_____ Yrs.
Employer		Income				
		<input type="checkbox"/> Weekly	Net			
		<input type="checkbox"/> Semi-Monthly	Pay			
		<input type="checkbox"/> Monthly	Amount \$			
				Date Paid		
Address (street) (city) (state) (zip)		Occupation		How Long		
				_____ Yrs.		

**CREDIT REFERENCES (Show Name, Address & Account No.)**

CREDIT CARDS	Creditor	For Example Sears, Master Charge, etc.	Account Number	O T H E R	Creditor (Address)	Account Number

Bank	Address of Bank	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
------	-----------------	-----------------------------------	----------------------------------

Make & Year of Auto	Driver's License No	Financed Through, Branch, Address

Nearest Relatives Not Living With You	(Full Address)	(Phone)	(Relation)
1			
2			

I HAVE REVIEWED THE ABOVE INFORMATION AND IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE WILKES FINANCE CORP. TO OBTAIN AND RELEASE CREDIT INFORMATION IN CONNECTION WITH THIS APPLICATION AND WITH RESPECT TO ANY CREDIT GRANTED.

**ROSLYN FURNITURE - FAX (678) 403-1116**

Dealer  
74 WILKES #TAY

Applicant	Date
Co-Applicant	Date