

FOR OFFICE USE ONLY							
C/L	B/L						
APPROVED	REJECTED						
RV·							

				BY:				
720 WEST CHURC	H STREET - POST	OFFICE BOX	(907 - AMERI	CUS, GA 31709 - P	HONE: (229-)924-2	717 - FAX: (229)928-	4138
		СО	NSUMER CRE	DIT APPLICATION	N			
						/	/	
FIRST	MIDDLE		LAST			DOB		
<u></u> SSN) - OME / CELL	DUONE #	() - WORK PHONE		() FAX #	-	
33IN	п	OIVIE / CELL	PHONE #	WORK PHONE	#	FAX #		
MAILING ADDRESS			•	CITY	STATE	ZIP		
							_	
SHIPPING ADDRESS				CITY	STATE	ZIP		
EMAIL ADDRESS: EMAIL DELIVERY PREFEF	RED ON STATEMI	FNTS	WOULD YOU I	 LIKE POS INVOICES I	FMAILED TO YOU	YES	OR	NO
LENGTH AT PRESENT AD		LIVIS		/ BUYING FROM:		123	Oit	110
PREVIOUS ADDRESS IF L	_	-ΔRS.		, bornvorkow.				
DRIVERS LICENSE #:	LOS MANTINO IL	ZANO.	STATE:		EXPIRES:	/ /		
CREDIT LIMIT DESIRED:	ς .		JIAIL.		EXTINES.	/ /		
EMPLOYER:	,		•	SUPERVISOR:				
HOW LONG AT JOB:			•	ANNUAL INCOME:	\$			
BANK:			CONTACT:	ANNOAL INCOME.	PHONI	F· / \	_	
BAINK:				ACCOUNT	PHON	E: <u>(</u>)		
			11 301141	Account				
FIRST	MIDDLE		LAST		RELAT	IONSHIP		
/ /	_	-	-	()	-			
DOB	SS	SN		HOME / CELL P	PHONE #	_		
EMPLOYER:		SUPERVISOR:						
HOW LONG AT JOB:				ANNUAL INCOME:	\$		_	
PEOPLE AUTHORIZED TO	CHARGE ON THI	S ACCOUNT:						
TWO NEAREST RELATIVE	ES NOT LIVING WI	TH YOU:			<u></u>			
ADE VOIL BUILD	INC A HOUSE.		PHONE NUMB			E NUMBER		
	ING A HOUSE:		. ADDITIC		REMODELING	1:	_	
DO YOU HAVE A CONSTI	RUCTION LOAN:		. IF YI	ES, WHICH BANK:				
CONTACT:				PHONE #:				
The above information i to verify this information the undersigned agrees incurred for non-payme	n and/or obtain ac to be liable for all	dditional inf	ormation from	a credit reporting a	agency. In consider	ation for the	credit ex	tended
SIGNED:				DATE:				
SIGNED:				DATE:				

TERMS OF ACCOUNT: All accounts are due and payable by the 10th of the month following purchase. A finance charge of 1 1/2% per month (annual percentage rate of 18%) will be applied to all past due accounts.