

SAV-MART

SALES CREDIT APPLICATION

PLEASE PRINT		TELL US ABOUT YOURSELF			
FIRST NAME	MIDDLE	LAST	SOCIAL SECURITY NO.	BIRTH DATE:	
PRESENT ADDRESS		HOME PHONE	WORK PHONE	RENTING <input type="checkbox"/>	
CITY		STATE	ZIP	BUYING <input type="checkbox"/> HOW LONG:	
PREVIOUS ADDRESS (IF ABOVE IS LESS THAN THREE YEARS)		CITY	STATE	ZIP	LENGTH OF RESIDENCE
APPLICANT'S PARENTS OR CLOSEST RELATIVE (NOT LIVING WITH YOU) STREET ADDRESS, CITY, STATE			PHONE NUMBER	RELATIONSHIP	
ANOTHER LOCAL FRIEND OR RELATIVE (NOT LIVING WITH YOU) STREET ADDRESS, CITY, STATE			PHONE NUMBER	RELATIONSHIP	
TELL US ABOUT YOUR JOB					
PRESENT EMPLOYER			SUPERVISOR'S NAME	DATE HIRED	
ADDRESS			OCCUPATION	WAGES/SALARY	
PREVIOUS EMPLOYER (IF LESS THAN TWO YEARS AT PRESENT EMPLOYER)			OCCUPATION	DATE HIRED FROM ____ TO ____	
PREVIOUS EMPLOYER (IF LESS THAN TWO YEARS AT PRESENT AND FORMER EMPLOYER)			OCCUPATION	DATE HIRED FROM ____ TO ____	
OTHER INCOME (ALIMONY, CHILD SUPPORT OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED.);					
TELL US ABOUT YOUR JOINT APPLICANT					
IF YOU ARE APPLYING FOR JOINT CREDIT, COMPLETE THE FOLLOWING SECTION					
FIRST NAME	MIDDLE	LAST	SOCIAL SECURITY NO.	BIRTH DATE:	
PRESENT ADDRESS		HOME PHONE	WORK PHONE		
PRESENT EMPLOYER			OCCUPATION	DATE HIRED	
ADDRESS			SUPERVISOR'S NAME	WAGES/SALARY	
OTHER INCOME (ALIMONY, CHILD SUPPORT OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED.);					
TELL US ABOUT YOUR CREDIT					
YOUR BANK				<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	
PEOPLE YOU OWE	MONTHLY PAYMENT	APPROXIMATE BALANCE	PEOPLE YOU HAVE PAID OFF		

* FOR THE PURPOSE OF SECURING CREDIT FROM YOU, YOU ARE AUTHORIZED TO CHECK MY/OUR CREDIT HISTORY AND EMPLOYMENT AND TO ANSWER QUESTIONS ABOUT YOUR CREDIT EXPERIENCE WITH ME/US.

*SIGNATURE _____ DATE _____ JOINT SIGNATURE _____ DATE _____