



CONFIDENTIAL CREDIT APPLICATION - PLEASE PRINT

1. PLEASE TELL US ABOUT YOURSELF

PLEASE CHECK YOUR TITLE PREFERENCE
 Mr. & Mrs. Mr. Mrs. Ms. Miss Dr. Dr. & Mrs. Married Unmarried

FIRST NAME _____ MIDDLE INITIAL _____ LAST NAME _____ JR/SR/I/II/III _____

SOC. SECURITY NO. _____ E-MAIL ADDRESS (Optional) I consent to receive E-Mail communications from Kamin Furniture _____ DATE OF BIRTH _____ MM ____ DD ____ YY

PRESENT ADDRESS _____ APT. NO. _____

CITY _____ STATE _____ ZIP _____ HOME PHONE NO. () _____

HOW LONG _____ years ____ months TYPE OF RESIDENCE - Check What Applies
 Own Rent Board-Live w/Relatives

MORTGAGE/RENT/PAYMENT _____

PREVIOUS ADDRESS (If less than two years at present address) _____ APT. NO. _____

CITY _____ STATE _____ ZIP _____

EMPLOYER _____ BUSINESS PHONE () _____ HOW LONG _____ years ____ months MONTHLY INCOME _____

OCCUPATION (Please write in your title and check closest category that describes your position)
 Manager / Professional / Self Sales / Technical Office / Clerical
 Service / Tradesman Military Retired / Unemployed

TITLE _____

CREDIT REFERENCES (Check all that apply)
 Checking Savings Visa MasterCard American Express Discover Dept. Store

NAME OF NEAREST RELATIVE (NOT LIVING WITH YOU) _____ () _____
 _____ (name) _____ (city) _____ (state) _____ (phone)

2. NOW TELL US ABOUT YOUR JOINT APPLICANT

FIRST NAME _____ MIDDLE INITIAL _____ LAST NAME _____ JR/SR/I/II/III _____

SOC. SECURITY NO. _____ E-MAIL ADDRESS (Optional) I consent to receive E-Mail communications from Kamin Furniture _____ DATE OF BIRTH _____ MM ____ DD ____ YY

EMPLOYER _____ BUSINESS PHONE () _____ HOW LONG _____ years ____ months MONTHLY INCOME _____

OCCUPATION (Please write in your title and check closest category that describes your position)
 Manager / Professional Self Sales / Technical Office / Clerical
 Service / Tradesman Military Retired / Unemployed

TITLE _____

APPLICANT - Please read the following before completing and signing this form.
 I represent that all information given in this application is complete and accurate and authorize Kamin Furniture to check with reporting agencies, credit references and other sources disclosed herein in investigating the information given. I further understand and acknowledge that any contract to purchase merchandise signed by me in connection with this credit application is conditioned upon the approval of the credit application by Kamin Furniture.

Applicant's Signature _____ **Date** _____

X _____

Joint Applicant's Signature _____ **Date** _____

X _____

Additional Info. faxed
 Customer is waiting

I saw the following ID:

PRIMARY APPLICANT	Number	State
<input type="checkbox"/> Driver's License		
<input type="checkbox"/> Military ID		
<input type="checkbox"/> State ID		
JOINT APPLICANT	Number	State
<input type="checkbox"/> Driver's License		
<input type="checkbox"/> Military ID		
<input type="checkbox"/> State ID		

Account No.
 [] [] [] [] - [] [] [] - [] []

Reservation No.
 [] [] [] [] []