

Date of Applications: \_\_\_\_\_

Sales Person: \_\_\_\_\_

Application Fee Charged: \_\_\_\_\_

Verified By: \_\_\_\_\_



# CREDIT APPLICATION

PLEASE PRINT

### Please Tell Us About Yourself

Type of Account Requested:  Joint  Individual

Marital Status:  Married  Unmarried  Separated

Applicant's Name: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_  
First MI Last

Street Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Previous Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Are you:  Buying  Renting  Other (explain) \_\_\_\_\_ Monthly Payment: \$ \_\_\_\_\_

Length of time at previous residence: \_\_\_\_\_ yrs. \_\_\_\_\_ mos.  
*(If less than 3 years please provide previous address)*

Nearest relative not living with you: Name \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Phone: \_\_\_\_\_

### Applicant's Other Information

### Co-Applicant's Information (only if Joint Account)

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Home \_\_\_\_\_  
First MI Last

Employer: \_\_\_\_\_  Self Employed

Relationship to Applicant:  Spouse  Roommate  Other \_\_\_\_\_

(If Self Employed) Name of Business: \_\_\_\_\_

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Position: \_\_\_\_\_ Bus. Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Employer: \_\_\_\_\_  Self Employed

How Long: \_\_\_\_ yrs. \_\_\_\_ mos. Total Monthly Income\*: \$ \_\_\_\_\_

Position: \_\_\_\_\_ Bus. Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

*If less than 3 years please provide previous employer:*

How Long: \_\_\_\_ yrs. \_\_\_\_ mos. Total Monthly Income\*: \$ \_\_\_\_\_

Previous Employer: \_\_\_\_\_ How Long: \_\_\_\_ yrs. \_\_\_\_ mos.

*If less than 3 years please provide previous employer:*

Previous Employer: \_\_\_\_\_ How Long: \_\_\_\_ yrs. \_\_\_\_ mos.

Drivers License Number: \_\_\_\_\_ State: \_\_\_\_\_

Drivers License Number: \_\_\_\_\_ State: \_\_\_\_\_

\* You do not have to tell us about alimony, child support or separate maintenance income unless you want us to consider them in approving your application.

### Please sign to complete your Furniture Rentals Credit Application

Everything that I have stated in this application is true and correct to the best of my knowledge. I understand that all applications are subject to credit approval and you will retain this application whether or not it is approved. You are authorized to check my credit and employment history and secure follow-up credit reports and to answer questions about your credit experience with me. I understand you may ask me for more information, if necessary, to help you make a credit decision.

\_\_\_\_\_  
Applicant's Signature \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant's Signature \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Date



1-800-374-8018  
Fax Number (706) 261-0860

**CREDIT CARD AUTHORIZATION**

PLEASE PRINT

I \_\_\_\_\_ authorize Furniture Rentals, Inc. to charge  
\$ \_\_\_\_\_ to my credit/debit card.

- Please charge my credit/debit card for initial payment ONLY.
- Please charge my credit/debit card for the initial payment, AND I also authorize billing Furniture Rentals, Inc. to bill me MONTHLY on my credit/debit card for all future payments.



Account #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Signature: \_\_\_\_\_

\*By signing and returning this form, you authorize Furniture Rentals, Inc. to charge the above card in the amount indicated above. Please notify Furniture Rentals immediately if you have an account number change.

**Please include a readable photocopy of your driver's license as well.**