

Section 1: Applicant					
Customer Name (First, Middle, Last, Suffix)			Social Security Number		Date of Birth
Mailing Address		City	State	Zip	
Physical Address		City	State	Zip	
Home Phone	Cell Phone	Email Address		Do You Wish to Receive Electronic Invoices & Statements? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Current Residence <input type="checkbox"/> Own <input type="checkbox"/> Rent	If Renting, Landlord Name & Phone #			How Long at Current Address?	
If Less Than 2 Years, Previous Address				Number of Dependents	
Employer Name		Employer Address			
Employer Phone	Years Employed	Job Title/Military Rank		Monthly Income	
Former Employer (If Less Than 2 Years Employed or Retired)					
Name of Nearest Relative Not Living With You		Telephone		Relationship	
Address		City	State	Zip	

Section 2: Joint Applicant - If Not Applicable Skip Section.					
Joint Customer Name (First, Middle, Last, Suffix)			Social Security Number		Date of Birth
Mailing Address		City	State	Zip	
Home Phone	Cell Phone	Email Address		Do You Wish to Receive Electronic Invoices & Statements? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer Name		Employer Address			
Employer Phone	Years Employed	Job Title/Military Rank		Monthly Income	
Former Employer (If less than 2 Years Employed or Retired)					

**Disclosure of Alimony, Separate Maintenance or Child Support Payments is Optional. Please read carefully before signing.**

By signing below, I (we) ask that an account be opened. I (we) understand and agree that you may verify and exchange information on me (us) to determine credit responsibility. I (we) understand that charges to my (our) account must be paid in full by the due date. Any past due amount will be subject to a finance charge. If payment is returned by the bank, a returned item fee will be charged. Annual percentage rate and monthly periodic rate will be shown on your monthly statement. Each party to a joint account is fully liable for all charges to that account. All credit balances older than 180 days will be subject to a monthly dormant account fee. I (we) understand if legal action is necessary, all legal and collections fees will be my (our) responsibility. I (we) confirm that everything stated in this application is true and correct to the best of my (our) knowledge.

\_\_\_\_\_

Signature Date

\_\_\_\_\_

Joint Applicant Signature (If Applicable) Date

**If you have an active Credit or Security Freeze with Equifax, please temporarily unfreeze before submitting application to ensure no delays.**

**Internal Use Only:**  
 Requested By: \_\_\_\_\_ Credit Limit Requested: \_\_\_\_\_  
 Credit Reviewed By: \_\_\_\_\_ Credit Limit Approved: \_\_\_\_\_  
 Terms Approved: \_\_\_\_\_

