209 Louisiana Ave

Ferriday, LA 71334

Phone 318-757-4649

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Credit Application

		Applicant Information							
Name (First Middle Last)			Date of Birth So		Security Number		Home Phone Cel		ell Phone
			/ /				()	()	
Mailing Address				How Lo	How Long Ph		nysical Address if different		How Long
Housing Information Incon			ne Source		Emplo		er Name & Phone		How Long
○ Own ○ Rent ○ Soc Sec ○			ement () Work	:					
Drivers License /State Id Number St.			Expire Date	e	2 nd Id form (credit card, Debit Card Etc.) Expire Date				
Total Monthly Income (Applicant)			Email			Bank Name Address			
			Joint Applicant Information						
Name (First Middle Last) Joint Applicant			ate of Birth	Soc Security Number		•	Home Phone	hone Cell Phone	
			/ /)	()	
Mailing Address				How Long Physic			cal Address if differe	nt	How Long
Housing Information Income			Source Er			oloyer Name & Phone How Long			
○ Own ○ Rent ○ Soc Sec ○ F) Retirem	Retirement () Work						
Drivers License /State Id Number Stat		ate E	Expire Date		^{2nd} Id form (credit card, Debit Card Etc.) Expire Date				
Total Monthly Income (Applicant)			Email Ad	ddress			Bank Name Address		SS
\$									
I understand that as part of this Application Quality Furniture or its Agents may obtain a consumer report and/or consumer data about me that includes, but is not limited to, your creditworthiness or similar characteristics, social security verification, any other public records and any other information bearing on this application.									
Signature of Applicant (If Applicable)									
X			_DATE	X_				DATI	Ē
FOR RETAILER USE ONL	Y :								
ID and Application Verified by					P	get previous addres	s and prev	vious	
employer if less than 2 years			Notes:						
Amount of Sale Including Tax									
\$									