



NORTON HOMESTORE
 111 W Lincoln
 Norton, KS 67654
 PH: (785) 877-3385 FX: (785) 877-5339
www.homestore.doitbest.com

STORE USE ONLY
 Credit Limit: _____
 Approved By: _____

Credit Application

Information Regarding Applicant:

Full Name: _____ Birthdate: _____ Social Security #: _____

Current Address: _____ City: _____ State: _____ Zip: _____

Previous Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Work Number: _____

Present Employer: _____ Address: _____

Position: _____ No. of Years: _____ Present Gross Salary: \$ _____ Per: _____

Other Income: \$ _____ Per _____ Email Address: _____

Name of nearest relative not living with you: _____ Phone #: _____

Address of nearest relative not living with you: _____

Information Regarding Joint Applicant or Co-Signer:

Full Name: _____ Birthdate: _____ Social Security #: _____

Current Address: _____ City: _____ State: _____ Zip: _____

Previous Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Work Number: _____

Present Employer: _____ Address: _____

Position: _____ No. of Years: _____ Present Gross Salary: \$ _____ Per: _____

Other Income: \$ _____ Per _____

Credit Information:

Please indicate whether a/an (A) applicant, (J) joint, or (C) co-signer

Credit Reference: _____ Phone #: _____ A J C

Credit Reference: _____ Phone #: _____ A J C

Credit Reference: _____ Phone #: _____ A J C

Credit Reference: _____ Phone #: _____ A J C

Bank Reference: _____ Bank Officer: _____ Phone #: _____

Checking? _____ Savings? _____ Loan? _____ A J C

Bank Reference: _____ Bank Officer: _____ Phone #: _____

Checking? _____ Savings? _____ Loan? _____ A J C

Have you declared bankruptcy in the last 10 years? _____ If yes, where? _____ Year? _____

Credit Terms:

Accounts are 30 day open accounts with charges accruing through the 20th of each month. Accounts are due in full by the 10th of the following month. A service charge of 2% per month, 24% annually will be applied to all overdue accounts. Overdue accounts may be closed at the creditor's discretion. Your signature means you have read and agree to these terms and give permission for creditor to verify employment and credit history and to answer questions about your credit experience with the creditor.

Applicant's Signature _____ Date _____ Other Signature (where applicable) _____ Date _____

Credit Limit Requested: _____

BALANCE MUST BE PAID IN FULL BY THE 10TH OF THE FOLLOWING MONTH