

MISSISSIPPI MUSIC, INC.
APPLICATION FOR CREDIT

In order for your application to be given total consideration, you must complete it in its entirety. Please do not duplicate any information, and please leave no questions unanswered. You must show a valid state identification when you present this application.

Applicant must be 18 years of age or older and be the individual responsible for monthly payment of account.

FIRST NAME MIDDLE NAME LAST NAME JR/SR

EMAIL ADDRESS SOCIAL SECURITY NUMBER DATE OF BIRTH

STREET ADDRESS (NO PO BOX) APT. # CITY STATE ZIP HOW LONG?

MAILING ADDRESS (If different from above) CITY STATE ZIP

() ()

PRIMARY PHONE NUMBER SECONDARY PHONE NUMBER

APPLICANT'S EMPLOYER DEPT. ()

WORK PHONE NUMBER HOW LONG?

EMPLOYER'S CITY MONTHLY GROSS INCOME OTHER SOURCE OF HOUSEHOLD INCOME AMOUNT

LANDLORD OR MORTGAGE HOLDER MO. PMT [] []
OWN RENT NAME & SOC. SECURITY # OF CO-SIGNER (If applicable)

NAME OF CHILD WHO WILL BE PLAYING INSTRUMENT (If applicable) YOUR RELATIONSHIP TO CHILD SCHOOL CHILD ATTENDS

LIST TWO RELATIVES NOT LIVING WITH YOU:

1. _____ ()
NAME RELATIONSHIP PHONE NUMBER

2. _____ ()
NAME RELATIONSHIP PHONE NUMBER

LIST ONE INDIVIDUAL WHO COULD VERIFY YOUR ADDRESS, PHONE NUMBER, AND PLACE OF EMPLOYMENT.

NAME ()
PHONE NUMBER

HAVE YOU HAD A PREVIOUS ACCOUNT WITH MISSISSIPPI MUSIC, INC.? YES _____ NO _____

EQUAL CREDIT OPPORTUNITY ACT – The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, religion, national origin, sex, marital status, or age; the fact that all or part of the applicant's income derives from any public assistance; or the fact that the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency, which administers compliance with this law concerning this type of credit, is the **Federal Trade Commission, Washington, D.C. 20580.**

I certify that the above information is correct and that this application has been made for the purpose of securing credit. I authorize you to verify my credit as necessary

APPLICANT'S SIGNATURE (Must be same as person requesting credit) CO-SIGNER (If applicable) DATE

MMI USE ONLY - PLEASE DO NOT WRITE BELOW THIS LINE

Product Amount CMR Terms Down Payment Equity Customer's State ID #

Store Associate Store # () Approval () Turndown Approved By (02/18 Bourne)
