

Store Credit Account Registration Form

Please complete this form in block letters to register for a store credit account. Print the completed form, sign, and return it to the customer service desk.

1. Personal Information

First Name:

Last Name:

Date of Birth (MM/DD/YYYY):

Phone Number:

Email Address:

Street Address:

City:

State / Province:

Postal / ZIP Code:

2. Employment & Financial Information

Current Employer:

Occupation / Job Title:

Gross Monthly Income (USD):

3. References

Personal Reference Name:

Reference Phone Number:

4. Agreement and Signature

By signing below, the applicant authorizes the store to verify the credit and employment history provided on this registration form. The applicant agrees to the store credit account terms and conditions.

Applicant Signature (Sign here after printing):

Date (MM/DD/YYYY):