

MODEL HOME FURNITURE  
NO CREDIT CHECK APPLICATION

★ STORE NAME MODEL HOME FURNITURE

Please Print Application Information

STORE FAX 281-492-2806

★ ALL FIELDS MUST BE COMPLETE. ANY FIELD LEFT BLANK WILL RESULT IN A *PENDING* RESPONSE.

STORE SALESPERSON

★ CO-APPLICANTS MUST FILL OUT SEPARATE APPLICATION

If you are the co-applicant, write the Social Security # of the **Main Applicant** here:

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**MUST ANSWER ALL FOUR QUESTIONS** (Mark "Y" or "N" clearly with an X)

Have you been employed with the same company for at least six months?	<b>Y</b>	<b>N</b>
Do you earn \$1,000 per month and deposit at least \$500 per month into your checking account?	<b>Y</b>	<b>N</b>
Do you have an active checking account and has it been open three months with at least five transactions in the last 30 days?	<b>Y</b>	<b>N</b>
Does your checking account have any NSF's or excessive overdrafts in the last 30 days?	<b>Y</b>	<b>N</b>

**APPLICANT INFORMATION**

NAME (First Middle Last)		SOCIAL SECURITY #	DATE OF BIRTH / /
ADDRESS	(APT #)	CITY	STATE ZIP
DRIVERS LICENSE #	STATE OF ISSUANCE	DO YOU <input type="checkbox"/> RENT <input type="checkbox"/> OWN	MONTHS AT RESIDENCE
CELL # { }	PHONE # { }	EMAIL	

**SOURCE OF INCOME** (Must be verifiable)

EMPLOYER (S.S., DISABILITY, MILITARY, SELF EMPLOYED)	JOB TITLE	HIRE DATE (MM/DD/YY) / /	MONTHLY INCOME
EMPLOYER CITY, STATE	SUPERVISOR	EMPLOYER PHONE / EXT { }	DIRECT DEPOSIT <input type="checkbox"/> YES <input type="checkbox"/> NO
HOW OFTEN DO YOU RECEIVE A PAYCHECK? ▶ The days you are paid will be the days that your payments are due. <input type="checkbox"/> WEEKLY <input type="checkbox"/> BI-WEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> SEMI-MONTHLY, WHAT DAYS? _____ [EX: THE 1ST & 15TH]			LAST PAYDAY / /

**BANK INFORMATION** (Must match information on voided check and bank statement)

BANK NAME	CHECKING ACCOUNT #	DATE OPENED / /
ROUTING #	(Routing number is a NINE digit number located on bottom left of check)	

**PERSONAL REFERENCE INFORMATION**

NAME	CITY, STATE	PHONE # { }
1		
2		
3		
4		

BY SIGNING BELOW, I HEREBY: (1) certify that all information I have provided on this application or in connection herewith is true, correct, and complete. You may contact any person or company that I have listed above and I fully release all parties from all liability for any damage that may result; (2) understand that this application is subject to approval by Progressive at its offices in the State of Utah and that payments are remitted to Utah.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
SIGNATURE DATE

