

# National Music Funding

(888) 448-6632

Client # \_\_\_\_\_

Contract ID# \_\_\_\_\_

Date: \_\_\_\_\_

## Credit Statement

Contract Type \_\_\_\_\_

WHETHER OR NOT MARRIED, YOU HAVE THE RIGHT TO APPLY FOR CREDIT SEPARATELY FROM OR JOINTLY WITH YOUR SPOUSE OR ANOTHER PERSON.

I APPLY FOR:  JOINT CREDIT WITH MY SPOUSE OR ANOTHER PERSON  INDIVIDUAL CREDIT IN MY NAME ONLY

**Applicant:**

Last Name:	Legal First Name:	Init.	Social Security #:	Date of Birth:
Address:		Apt#	Home Phone # (with Area Code)	Homeowner or Rent?
City:	State:	Zip:	Work Phone # (with Area Code)	Monthly Mortgage or Rent Amt
Employer:			How Long?	Occupation:
Other Source of Income:			Monthly Amt:	Driver's License #:
				State Issued:

**Co-applicant:**

Last Name:	Legal First Name:	Init.	Social Security #:	Date of Birth:
Address:		Apt#	Home Phone # (with Area Code)	Homeowner or Rent?
City:	State:	Zip:	Work Phone # (with Area Code)	Monthly Mortgage or Rent Amt
Employer:			How Long?	Occupation:
Other Source of Income:			Monthly Amt:	Driver's License #:
				State Issued:

**List Two Relatives And One Friend Not Living With You:**

Name:	Address:	Phone # (with Area Code)	Relationship
Name:	Address:	Phone # (with Area Code)	Relationship
Name:	Address:	Phone # (with Area Code)	Relationship

I HEREBY ACKNOWLEDGE that I am over the age of eighteen (18) years, and that all of the information set forth in this credit statement is true, accurate and full and complete disclosure thereof. I HEREBY authorize any holder of the Retail Installment Contract or any person, firm or corporation requested to extend credit thereunder, (including any employee or agent of any of them) to communicate with any person, firm, or corporation including my employer in respect of my credit worthiness. IN THE EVENT that credit is extended to me in respect to my Retail Installment Contract, I hereby authorize any holder thereof, the creditor, any Attorney, debt collector or debt collection agency, (their agents or employees), to communicate with any person, firm or corporation, (including my employer), in respect of such debt. I FURTHER AUTHORIZE any holder of the Retail Installment Contract, the creditor thereof, any Attorney, debt collector or collection agency communicating any and all information concerning this application or debt to any credit reporting agency or other creditor. I FURTHER ACKNOWLEDGE AND AGREE, that I will notify the creditor or prospective creditor in writing of any change in my name, address or employment within a reasonable time thereafter.

**Customer's Signature** \_\_\_\_\_ **Co-Signature** \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE, FOR OFFICE USE ONLY**

Store Name _____	Item to Finance _____
Store Address _____	Price (with applicable tax) _____
_____	Down Payment _____
Phone _____ Fax _____	Total Financed Amount _____
( ) _____ ( ) _____	

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Employer:			How Long?	Occupation:
Other Source of Income:			Monthly Amt:	Driver's License #:
				State Issued:

**Co-applicant:**

Last Name:	Legal First Name:	Init.	Social Security #:	Date of Birth:
Address:			Home Phone # (with Area Code)	Homeowner or Rent?
City:	State:	Zip:	Work Phone # (with Area Code)	Monthly Mortgage or Rent Amt
Employer:			How Long?	Occupation:
Other Source of Income:			Monthly Amt:	Driver's License #:
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