



# CREDIT APPLICATION

## CONSUMER ACCOUNT

1205B RICHMOND RD  
STAUNTON, VA 24401  
PHONE: 540-885-1265  
FAX: 540-885-5582

### OFFICE USE ONLY

ACCOUNT #	SALES REPRESENTATIVE	CREDIT LIMIT
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\*\*\*\*ALL FIELDS ARE REQUIRED TO BE COMPLETED FOR APPROVAL\*\*\*\*

NAME OF APPLICANT		SOCIAL SECURITY #	EMAIL ADDRESS	BIRTHDATE
MAILING ADDRESS		CITY	STATE	ZIP
PHYSICAL ADDRESS		CITY	STATE	ZIP
HOME TELEPHONE	CELL PHONE	WORK PHONE	FAX NUMBER	TAX EXEMPT Y / N
HOW LONG AT THIS ADDRESS	OWN/RENT CIRCLE ONE	LESS THAN 2 YEARS (PREVIOUS ADDRESS)		

### EMPLOYMENT INFORMATION

EMPLOYED BY(NAME & ADDRESS)	HOW LONG EMPLOYED?
PREVIOUS EMPLOYER IF LESS THAN 2 YEARS	

### JOINT APPLICANT

JOINT APPLICANTS NAME	SOCIAL SECURITY #	EMAIL ADDRESS	BIRTHDATE
EMPLOYED BY (NAME & ADDRESS)			

### CHECKING ACCOUNT REFERENCE

BANK NAME	ACCOUNT #	CONTACT PERSON	PHONE
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### BUSINESS REFERENCES

COMPANY NAME	ACCOUNT #	PHONE #	FAX #

PRIMARY LOCATION: STAUNTON ( ) WEYERS CAVE ( ) FAIRFIELD ( ) WF PAULETT ( ) BEDFORD ( )

WOULD YOU PREFER YOUR STATEMENT: ( )US MAIL ( )EMAIL - RECEIVE \$5 CREDIT ON FIRST STATEMENT  
CREDIT LIMIT DESIRED: \$ \_\_\_\_\_

IN CONSIDERATION FOR THE EXTENSION OF CREDIT, I/WE JOINTLY AND SEVERALLY GUARANTEE THE PAYMENT OF ACCOUNT IN ACCORD WITH ALL TERMS AND CONDITIONS OF THIS AGREEMENT.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
JOINT SIGNATURE

\_\_\_\_\_  
DATE