

CREDIT APPLICATION
Seibert Equity Coop Assn

Name: _____ Telephone # _____

Address: _____

City: _____ State/Zip: _____ E-Mail: _____

Date of Birth: _____ Social Security Number: _____ - _____ - _____

Employment Information

Current Employment

Company Name: _____ Telephone # _____

Business Address: _____ Time in Position _____

Position Held: _____ Salary: _____ Hourly/Monthly

Previous Employer

Company Name: _____ Telephone # _____

Business Address: _____ Time in Position _____

Position Held: _____ Salary: _____ Hourly/Monthly

Bank Information

Name of Bank: _____ Branch: _____

Bank Contact: _____ Telephone # _____

Address: _____

Type of Account: _____ Checking _____ Savings

Requested Amount of Credit: _____

Have you ever filed for bankruptcy before: ____ Yes ____ No

Have you ever defaulted in payment of credit before: ____ Yes ____ No

If yes, please explain: _____

Trade References

Name: _____ Address: _____

Telephone #: _____ E-mail: _____

Name: _____ Address: _____

Telephone #: _____ E-mail: _____

Name: _____ Address: _____

Telephone #: _____ E-mail: _____

I hereby certify that all statements made are true and complete and submitted for the purpose of obtaining credit. I also understand the credit policy and terms of the Seibert Equity Coop Assn. and agree to adhere to these terms at all times: - "Credit is offered for convenience only. Account is due in full by the 26th day of the month following month of purchase. A FINANCE CHARGE is computed at a rate of 1 ½% per month which is an annual percentage rate of 18% applied to the previous balance remaining unpaid on the 26th day of each month."

The undersigned hereby agrees that should a credit account be opened, and in the event of default in the payment of any amount due, and if such account is submitted to a collection authority, to pay an additional charge equal to the cost of collection including court costs.

Signature: _____ Date: _____

Please print your name: _____