



Customer Information Sheet

All lines must be completed

A copy of your Social Security Card, Current Drivers License and/or I.D card is required.

FOR OFFICE USE ONLY	
Date:	_____
Verified By:	_____
BCL:	_____
Approved / Denied	

Today's Date: ____ / ____ / ____ Items you wish to purchase: _____

Your Name: _____ Maiden Name _____

Address _____ Apt. # _____ Move in date _____

City _____ State _____ Zip _____ County _____

Phone # _____ Cell # _____

Landlord / Mortgagor _____ Landlord's/ Mortgagor's Phone # _____

Directions to Residence: _____

Previous Address _____ Apt. # _____ Phone # _____

City _____ State _____ Zip _____ How long there _____

Landlord / Mortgagor _____ Landlord's/ Mortgagor's Phone # _____

Co-Signer Name _____ Maiden Name _____

Relationship _____ How Long Known? _____

Phone # _____ Cell # _____

Your Employer/Income Source _____ Phone # _____

Company Address _____ City _____ State _____ Zip _____

Position _____ Supervisor _____ Hire Date _____

Co-Signer Employer _____ Phone # _____

Company Address _____ City _____ State _____ Zip _____

Position _____ Supervisor _____ Hire Date _____

WORKING <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Not Working	SHIFT <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd	PAID <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly	DAY OF WEEK PAID	TAKE HOME PAY \$ _____	ADDITIONAL INCOME \$ _____	SOURCE
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READ AND SIGN AFTER THIS FORM IS COMPLETED FRONT AND BACK.

I certify the information supplied by me on this form is true and correct. I authorize E-Z Own Financing Plus, Inc. to verify all information on this form, including the contact of any person or firm listed on this form or the contact of any future employer or landlord. I further authorize any person or firm listed on this form, and any future employer or landlord, to release information about my employment and or place of residence and phone number to E-Z Own Financing Plus, Inc. I authorize E-Z Own Financing Plus, Inc. to issue a copy of the front page of this form, completed by me, to any above listed party that requests evidence of authorization and I agree to hold E-Z Own Financing Plus, Inc. harmless for doing so. **I understand and agree to the above statement.**

Signature _____ Date _____

Co-Signature _____ Date _____

PRIMARY

Date of Birth ____ / ____ / ____ Social Security No. ____ - ____ - ____
Drivers License or I.D. # _____
Auto: Year ____ Make _____ Model _____ Color _____ License Plate # _____

Co-SIGNER

Date of Birth ____ / ____ / ____ Social Security No. ____ - ____ - ____
Drivers License or I.D. # _____
Auto: Year ____ Make _____ Model _____ Color _____ License Plate # _____

ALL References must be filled. All with different phone numbers and addresses & must be in our service area.

Closest Relative's Name _____ Relationship _____
Address _____ Apt # _____ How Long Known _____
City _____ State _____ Zip _____
Phone # _____ Cell # _____ Work# _____

Relative's Name _____ Relationship _____
Address _____ Apt # _____ How Long Known _____
City _____ State _____ Zip _____
Phone # _____ Cell # _____ Work# _____

Reference Name _____ Relationship _____
Address _____ Apt # _____ How Long Known _____
City _____ State _____ Zip _____
Phone # _____ Cell # _____ Work# _____

Reference Name _____ Relationship _____
Address _____ Apt # _____ How Long Known _____
City _____ State _____ Zip _____
Phone # _____ Cell # _____ Work# _____

MARKETING INFORMATION: Please fill this section in full. This helps with our out of store marketing.

By giving E-Z Own Plus your e-mail address you will receive specials only given to our **e-mail Club** members.

e-mail address: _____

What items would you like to purchase in the future? _____

I heard about E-Z OWN Plus from (circle all that apply): I was a Previous Customer. Referred Cable / Satellite / TV
Radio Grocery Receipts Coupons Newsprint Post Card Flyers Yellow Pages Drive by Other _____

If referred, referred by whom? _____

What Newspaper/Shopper do you read the most? _____

What Radio station do you listen to the most? _____

What Cable/TV station do you watch the most? _____

Where do you most often purchase your groceries? _____

THANK YOU! More information about us can be found at www.ezownplus.com