



PLEASE PRINT PLAINLY

Merchant Fax Number

() - Cannot process without fax number.

Sales Person ID

()

FAILURE TO PROVIDE THE AMOUNT OF CREDIT REQUESTED MAY RESULT IN AN INSUFFICIENT CREDIT LIMIT ASSIGNMENT.

Amount of Credit Requested

()

Date:

/ /

Last Name First Name MI Suffix

Date of Birth Social Security Number Home Phone

Present Address (Street Address, including Apartment Number if applicable or P.O. Box Number)

City State Zip Alternate Phone

Time At Address Yrs. Mos. Buying Rent Value Of Home Mortgage Balance Mo. Rent/Mtg. Pmt. Own

PRESENT EMPLOYER (Name of Company) Employer's Phone

NOTE: Alimony, Child Support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation. Income from all sources Occupation or Title Time At Employer Yrs. Mos.

I would like to receive information about AGFS special offers and promotions at this email address. I do not want to receive information about AGFS special offers and promotions at this email address.

Email Address

Credit Applied For: Joint Individual (A married applicant may apply for an individual account.)

Last Name of Co-Applicant First Name MI Suffix

Date of Birth Social Security Number Home Phone

If present address and phone number are the same as above, check here: Relationship to Applicant: Spouse Non-spouse

Present Address (Street Address, including Apartment Number if applicable or P.O. Box Number)

City State Zip Time At Address Yrs. Mos. NOTE: Alimony, Child Support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.

PRESENT EMPLOYER (Name of Company) Income from all sources Gross Monthly Net Annual

Time At Employer Yrs. Mos. Occupation or Title Employer's Phone

Applicant's Signature Date Co-Applicant's Signature Date Seller's Name Seller's Merchandise

Drivers License # Agent

MERCHANT USE ONLY

19444

