



Retailer Name		Phone	Fax
Cash price without tax		Delivery Charge	Salesperson
\$	\$		

No Credit Check Program

*This application must be completed in full before it can be processed. No boxes can be left blank.*

I am the:  applicant  co-signer If co-signer, who are you signing with? \_\_\_\_\_

How are you related to applicant? They are my:  Spouse,  Fiance,  other \_\_\_\_\_

Mr./ Ms.	First Name	Last Name	MI	Jr/Sr

Birth Mth	Day	Year	Social Security Number	Email Address	We email payment receipts.
					@

Present Home Address	apt #	City	St.	Zip

Home phone number	Cellphone number	County you live in

Mtg Co/Landlord	Mth rent/Mtg pymt	Mnth-Yr moved in	Home status is:	If live with, write name of person and relationship
	\$		<input type="checkbox"/> buying <input type="checkbox"/> Own <input type="checkbox"/> renting <input type="checkbox"/> LiveWith	

New Address if moving to Different location	City	St.	Zip

Present Employer (Military must be E6 rank)	Hired Mth-Yr	Occupation/Position	Employer phone

Mthly Gross Pay	Month and Day of Next Payday(date)	Your direct line and extension at work(if applicable)	Ext
\$			

I get paid:(circle one) Every week, Every other week My payday is: (circle one) Mon Tues Wed Thur Fri Sat  
 I get paid twice a month on the \_\_\_\_th and the \_\_\_\_th. I get paid once a month on the \_\_\_\_th.  
 I get paid another way. Explain: \_\_\_\_\_

BANK NAME:	Date Account Was Opened:
Only Bank Checking accounts are accepted. Routing #	Account #

Personal Reference Information		References must be living at separate addresses	
Name (2 relatives and 2 friends) Not living with Applicant	City/State	Home Phone with Area Code	Relationship
1		( )	
2		( )	
3		( )	
4		( )	

I hereby authorize Okinus to request information from my creditors, employers and landlord, and that my creditors, employers, and landlord should release such requested information. I certify that the information provided herein is true and correct. I understand that this application is subject to approval by Okinus at its offices in the State of Georgia and that all payments are remitted to its offices in Georgia.

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

- This application must be accompanied by the following:**
- Most recent paystub (must have YTD Info) and W-2 if it is January-June
  - Last bank statement showing all transactions for 30 day period and summary page(exclude cancelled checks)
  - Invoice
  - Valid ID issued by state in which you live
  - Voided Check or if no checks, Authorization to verify account numbers.
- Please fax to 1-866-849-2777**  
Phone 1-800-446-0970
- \* If current or previous customer, self employed or Military, call for different requirements
- rev 5.20.08