



INITIAL CREDIT APPLICATION FORM

Assigned Order Number

Total Order Value \$

Less: Down Payment \$

Amount of Credit Requested \$

CUSTOMER INFORMATION

Name

Home Address

Social Security Number E-mail Address

Home Telephone # Day Contact Telephone #

Date of Birth Years At Employment Years At Residence

Monthly Income Active Checking Account? YES NO

I authorize Credit Analysis Corp or its affiliates to procure my personal credit report through Trans Union, LLC for the sole purpose of providing information regarding my credit history. Such information will not be distributed or used for any other purpose.

Signature: _____ Date: _____

DOWN PAYMENT

Method of payment Credit Card Check PayPal Other _____

Credit Card Number Expiration Date

Billing Address (if different from address above):

Fax to 1-323-679-0368 or Mail to PO Box 40417, Brooklyn, NY 11204-0417