



HOME CENTER
 1315 East Main Street, P.O. Box 706
 Magnolia, AR 71754
 Phone 870-234-6060 / Fax 234-5754

PERSONAL CREDIT APPLICATION

Date: _____

Name: _____
 Physical Address: _____
 Mailing Address: _____
 Home Phone: _____ - _____ - _____
 Date of Birth: _____ - _____ - _____

SS#: _____ - _____ - _____
 City/St: _____ Zip: _____
 City/St: _____ Zip: _____
 Work Phone: _____ - _____ - _____
 DL#: _____

Employer: _____
 Supervisor: _____
 Other Annual Income: _____

Salary: _____ How Long? _____
 Employer Phone Number: _____
 Other Income Source: _____

Credit Reference: _____
 Credit Reference: _____
 Credit Reference: _____

Phone #: _____ - _____ - _____
 Phone #: _____ - _____ - _____
 Phone #: _____ - _____ - _____

Name of Bank: _____

Contact Person: _____

Spouse: _____
 Employer: _____

SS#: _____ - _____ - _____
 Annual Salary: _____

Purpose of this account: (___New Home) (___Remodel) (___Addition) (___Monthly Supplies)
“Monthly” Credit Limit Requested: _____

Persons authorized to charge to this account:

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Our Terms: All account balances are **due by the 10th** day of the month following the date of your statement. A **FINANCE CHARGE** computed by a “periodic rate” up to the legal limit, currently 1.4166% per month (Equivalent to an **ANNUAL PERCENTAGE RATE** of 17%) will be charged on any portion of the account balance appearing on your monthly statement that is not paid or otherwise credited to your account on or before the due date. Interest rates may fluctuate. In addition, a **LATE CHARGE** of \$5.00 will be applied to past due balances at the time of the statement. **Payments with credit or debit cards will be assessed a TRANSACTION FEE of 4%.**

All information in this application is true and complete to the best of my knowledge. I authorize the company to investigate any and all information contained in this application. I have read and understand the terms of this agreement:

Applicant’s Signature: _____ **Date:** _____

Co-applicant’s Signature: _____ **Date:** _____

Office Use Only:
 Declined: _____ Reason: _____ Approved: _____ Credit Limit: _____ by: _____