

AUDIO *etc.* **PREFERRED CUSTOMER APPLICATION AGREEMENT**

116 Boston Post Road, Orange, CT 06477 Phone 203-799-6400 Fax 203-799-6403 email audioetc@ntplx.net

Please print clearly. Complete all blocks and sign application. Bring application to our store or fax to 203-799-6403.

APPLICANT'S NAME (FIRST, MIDDLE, LAST)		SOCIAL SECURITY #	DATE OF BIRTH	# DEPENDENTS
STREET ADDRESS				
CITY	STATE	ZIP CODE	HOME PHONE	TIME AT ADDRESS yrs mos
PREVIOUS ADDRESS (if less than two years ar current address)				
CITY	STATE	ZIP CODE	HOME PHONE	TIME AT ADDRESS yrs mos
EMPLOYER				
POSITION (Job title, if military, rank)	HOW LONG yrs mos	WORK PHONE	SALARY \$ per	
PREVIOUS EMPLOYER (if less than 2 years at current employer)				
POSITION (Job title, if military, rank)	HOW LONG yrs mos	WORK PHONE	SALARY \$ per	
OTHER INCOME: Income from alimony, child support, or separate maintenance payments need not be disclosed if you do not wish to have it considered.				
\$	Per	Source		
HAS APPLICANT EVER DECLARED BANKRUPTCY <input type="checkbox"/> Yes <input type="checkbox"/> No		APPLICANT HAS <input type="checkbox"/> Checking Accounts <input type="checkbox"/> Saving Accounts		
APPLICANT <input type="checkbox"/> Rents <input type="checkbox"/> Owns/Buying	LANDLORD/MORTGAGE HOLDER	MONTHLY RENT/MORTGAGE PAYMENT \$		
IF APPLICANT OWNS OR IS BUYING: Current Home Value \$ Mortgage Balance \$				
Complete co-applicant information if you are a MARRIED WISCONSON RESIDENT or INDIVIDUAL CEDIT (but relying on income of another)				
CO-APPLICANT'S NAME (FIRST, MIDDLE, LAST)		SOCIAL SECURITY #	DATE OF BIRTH	
CURRENT STREET ADDRESS (Check if same as applicant <input type="checkbox"/>)				
CITY	STATE	ZIP CODE	HOME PHONE	
CO-APPLICANT'S EMPLOYER	POSITION	HOW LONG yrs mos	WORK PHONE	SALARY \$ per
NEAREST RELATIVE NOT LIVING WITH YOU (Relationship, Name, Address, City, State, Zip, Phone)				
x _____ Signature of Applicant Date		x _____ Signature of Co-Applicant Date		
Driver's License # _____		Driver's License # _____		