

**APPLICATION FOR CREDIT**  
**TYPE OR PRINT CLEARLY ALL INFORMATION IN EACH SECTION**

**SECTION 1**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ SSN \_\_\_\_\_  
 Residence Address \_\_\_\_\_ Phone Number \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Marital Status SINGLE MARRIED DIVORCED  
 Spouse \_\_\_\_\_ Date of Birth \_\_\_\_\_ SSN \_\_\_\_\_  
 Number of Dependents \_\_\_\_\_ Parents Name(s) \_\_\_\_\_  
 Nearest Relative Not Living With You (Address & Phone Number) \_\_\_\_\_

**SECTION 2**

Check Whether Employed  or Self Employed  (If Self-Employed, Give Name of Business)  
 Name of Employer or Business \_\_\_\_\_ Phone Number \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
 How long with this employer \_\_\_\_\_ Supervisor \_\_\_\_\_  
 Spouse's Employer \_\_\_\_\_ Phone Number \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
 How long with this employer \_\_\_\_\_ Supervisor \_\_\_\_\_

**SECTION 3**

I owe the following debts. (If none state "none") List below all your debts to Banks, Loan or Finance Companies, stores, or others.

Reference	Address, City, State	Original Amt	Balance

I (we) Bank at: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
 Checking Account # \_\_\_\_\_ Savings Account # \_\_\_\_\_

Have you now or have you ever had any collections (paid or unpaid), judgments, garnishments, suits, or other legal proceedings against you? Failure to list may result in application rejection.

Real Estate owned by Applicant \_\_\_\_\_  
 Address & Location \_\_\_\_\_ Value \_\_\_\_\_

**SECTION 4**

The undersigned affirms that the information above is true, accurate, and complete in all respects; that it may be relied upon by Potter's Home Centers in extending credit to the undersigned. It is agreed that each person signing this application will be equally responsible for all materials charged to the name that appears in Section 1. The undersigned agree(s) to pay any and all collections expense, should this account be placed with a collection agency. If placed with an attorney-at-law for collection, or has to be sued on, the undersigned will pay a reasonable attorney's fee plus court costs in addition to the principal and interest which shall be added to and become part of the judgment. (Interest will be applied at the rate of 1 1/2% per month on amounts over 30 days old.)

Date \_\_\_\_\_ Signature \_\_\_\_\_  
 Spouse's Signature \_\_\_\_\_