



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:

Please fax to 1-229-294-0441
Phone 1-800-472-1334

1. Most recent paystub (must have YTD Info)
2. Most recent personal checking account statement showing all transactions for 30 day period and summary page
3. Invoice (if the customer has picked out what they want). Please list, in detail, the items and the purchase price.
4. Valid Government Issued Picture ID
5. Voided Check from the personal checking account provided or if no checks, Authorization to Verify Account form.

** Proof of residency may be required in certain circumstances

* If current or previous customer, self employed or Military, call for different requirements

rev. 12.5.09