

I am applying:  in my own name  jointly with: \_\_\_\_\_

**KEYARTS PIANO OF HOUSTON**

Phone: 281-488-2055 / Fax: +1(281)249-5366

Store Name

Store Phone or Fax

Last Name First Name Initial Date of Birth Spouse Name No. of Dependent Children

Street Address City State Zip No. of Years Telephone

Social Security No. Drivers License No. & State Email Address

Own  Rent  Monthly Payments \$ \_\_\_\_\_ Bank Name \_\_\_\_\_

Name and Address of Landlord / Mortgage Holder

Previous Address (If less than 3 years at present Address) No. of Years

Present Employer Position No. of Years Monthly Income

Employers Address City State Zip Telephone

Previous Employer ( If present employment less than 3 years ) Address City State Telephone

Other Income Source

Nearest Relative / Friend (Not living with you) Relationship Address City State Telephone

**If Co-Applicant, Please Complete the Following (Applicant and Co-Applicant must reside at the same address):**

Last Name First Name Initial Relationship to Applicant

Social Security No. Date of Birth

Present Employer Position No. of Years Monthly Income

Employers Address City State Telephone

Credit References:  
Name: Account Number:

1) \_\_\_\_\_

2) \_\_\_\_\_

Notice to Applicants:  
You may apply for credit in your name alone without your spouse or any other person regardless of your sex or marital status. The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against: credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract). Because all or part of the applicants income derives: from any public assistance program; or because the applicant has, in good faith, exercised any right under the Consumer Credit Protections Act. The Federal agency that administers our compliance with this law is the Federal Trade Commission, Equal Credit Opportunity in Washington, DC 20580. We do state and represent that the information listed on this application is true and complete. We authorize you and/or any proposed assigned to verify my/our credit standing and employment as deemed necessary.

Date \_\_\_\_\_ Witness \_\_\_\_\_ Applicant \_\_\_\_\_  
Date \_\_\_\_\_ Witness \_\_\_\_\_ Applicant \_\_\_\_\_

To Be Completed By Store:		Store Has Viewed Picture I. D. <input type="checkbox"/>	
<input type="checkbox"/> Refaxing	MDSE _____	Price _____	Salesperson _____
Cash D/P _____	Approval# _____	Amt. Of Trade _____	
Dealer # _____	No. Mos. _____	Pmts. _____	First Payment Due Date _____
Delivery Address _____			