

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
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**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 _____	