

Allegro Acceptance**Credit Application**I am applying: In my own name Jointly with: _____**KEYARTS PIANO & ORGAN OF HOUSTON****Phone: 281-488-2055 / Fax: 281-990-8960****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 <input type="checkbox"/>	Rent <input type="checkbox"/>	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 Protection Act. The Federal agency that administers our compliance with this law is the Federal Trade Commission, Equal Credit Opportunity, 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 assignee 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 _____			