



Country Meat Market

6899 East Lancaster Avenue

Fort Worth, Texas 76112

817-654-1249

Fax: 817-457-0063

APPLICANT			
First Name	Initial	Last Name	
E-Mail Address			
Date of Birth	Social Security No.	Home Phone No. ()	
Street Address		Apt. No.	
City	State	Zip	
No. Dependents	Residence Type <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other	Time at Residence Yrs. Mos.	
Mortgage/Rent/Payment \$ %	Your House Value \$	Mortgage Balance \$	
Mortgage Holder/Landlord Name			
TELL US ABOUT YOUR INCOME			
Employer Name		Occupation	
Employer Phone ()	Ext.	Time Employed Yrs. Mos.	
Employer Address		City	State Zip
Employment Income \$ Per		*Other Income (Specify Source) \$ Per	

CO-APPLICANT			
First Name	Initial	Last Name	
E-Mail Address			
Date of Birth	Social Security No.	Home Phone No. ()	
Street Address		Apt. No.	
City	State	Zip	
No. Dependents	Residence Type <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other	Time at Residence Yrs. Mos.	
Employer Name		Occupation	
Employer Phone ()	Ext.	Time Employed Yrs. Mos.	
Employment Income \$ Per		*Other Income (Specify Source) \$ Per	
Relationship to Applicant			
<p>*INCOME NOTICE: You need not disclose alimony, child support or separate maintenance income if you do not wish to have it considered as a basis for repaying this obligation.</p>			

TELL US ABOUT YOUR CREDIT REFERENCES			
Visa <input type="checkbox"/> Yes <input type="checkbox"/> No	MasterCard <input type="checkbox"/> Yes <input type="checkbox"/> No	Discover <input type="checkbox"/> Yes <input type="checkbox"/> No	American Express <input type="checkbox"/> Yes <input type="checkbox"/> No
Make of Auto(s)	Model(s)	Year(s)	Financed By
Nearest Relative NOT Living With You		Address	Phone Number ()
			Relationship

By signing below, you certify that all information given on this Application is true and complete. You also authorize us to confirm the information in this Application and give out information about you or your account to credit reporting agencies and others who are allowed to receive it. You authorize and instruct us to request and receive credit information about you from any credit reporting agency or third party. If we do not approve this Application, you request and authorize us to provide this Application and credit information to other finance sources which will consider it under their credit standards. You grant the other finance sources the right to request a consumer credit report on you and authorize them to check your credit and employment history.

Applicant's Signature _____ Date _____

Co-Applicant's Signature _____ Date _____

ID# _____ State _____ Exp Date _____

ID# _____ State _____ Exp Date _____

DRL

DRL

Verbal Approval for Credit Check

Yes No Initials _____

Order Needed _____

Appointment

Day

Date

Time