



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(circle one): applicant, co-signer If co-signer, who are you signing with?

How are you related to applicant? circle one. 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: buying Own renting LiveWith If live with, write name of person and relationship

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:(cirlice 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 #

Table with 4 columns: Name (2 relatives and 2 friends) Not living with Applicant, City/State, Home Phone with Area Code, Relationship. Rows 1-4.

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:
1. Most recent paystub (must have YTD Info) and W-2 if it is January-June
2. Last bank statement showing all transactions for 30 day period and summary page(exclude cancelled checks)
3. Invoice
4. Valid ID issued by state in which you live
5. Voided Check or if no checks, Authorization to verify account numbers.

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