



# Customer Information Sheet

All lines must be completed

A copy of your Social Security Card, Current Drivers License and/or I.D card is required.

<b>FOR OFFICE USE ONLY</b>	
Date:	_____
Verified By:	_____
BCL:	_____
Approved / Denied	

Today's Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Items you wish to purchase: \_\_\_\_\_

Your Name: \_\_\_\_\_ Maiden Name \_\_\_\_\_

Address \_\_\_\_\_ Apt. # \_\_\_\_\_ Move in date \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

Landlord / Mortgagor \_\_\_\_\_ Landlord's/ Mortgagor's Phone # \_\_\_\_\_

Directions to Residence: \_\_\_\_\_

**Previous Address** \_\_\_\_\_ Apt. # \_\_\_\_\_ Phone # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ How long there \_\_\_\_\_

Landlord / Mortgagor \_\_\_\_\_ Landlord's/ Mortgagor's Phone # \_\_\_\_\_

Co-Signer Name \_\_\_\_\_ Maiden Name \_\_\_\_\_

Relationship \_\_\_\_\_ How Long Known? \_\_\_\_\_

Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

**Your Employer/Income Source** \_\_\_\_\_ Phone # \_\_\_\_\_

Company Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Position \_\_\_\_\_ Supervisor \_\_\_\_\_ Hire Date \_\_\_\_\_

**Co-Signer Employer** \_\_\_\_\_ Phone # \_\_\_\_\_

Company Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Position \_\_\_\_\_ Supervisor \_\_\_\_\_ Hire Date \_\_\_\_\_

<b>WORKING</b> <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Not Working	<b>SHIFT</b> <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> 3 <sup>rd</sup>	<b>PAID</b> <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly	<b>DAY OF WEEK PAID</b>	<b>TAKE HOME PAY</b> \$ _____	<b>ADDITIONAL INCOME</b> \$ _____	<b>SOURCE</b>
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**READ AND SIGN AFTER THIS FORM IS COMPLETED FRONT AND BACK.**

I certify the information supplied by me on this form is true and correct. I authorize E-Z Own Financing, Inc. to verify all information on this form, including the contact of any person or firm listed on this form or the contact of any future employer or landlord. I further authorize any person or firm listed on this form, and any future employer or landlord, to release information about my employment and or place of residence and phone number to E-Z Own Financing, Inc. I authorize E-Z Own Financing, Inc. to issue a copy of the front page of this form, completed by me, to any above listed party that requests evidence of authorization and I agree to hold E-Z Own Financing, Inc. harmless for doing so. **I understand and agree to the above statement.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Co-Signature \_\_\_\_\_ Date \_\_\_\_\_

**PRIMARY**

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Social Security No. \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Drivers License or I.D. # \_\_\_\_\_

Auto: Year \_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_ License Plate # \_\_\_\_\_

**Co-SIGNER**

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Social Security No. \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Drivers License or I.D. # \_\_\_\_\_

Auto: Year \_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_ License Plate # \_\_\_\_\_

**ALL References must be filled. All with different phone numbers and addresses & must be in our service area.**

**Closest Relative's Name** \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Apt # \_\_\_\_\_ How Long Known \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Cell # \_\_\_\_\_ Work# \_\_\_\_\_

**Relative's Name** \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Apt # \_\_\_\_\_ How Long Known \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Cell # \_\_\_\_\_ Work# \_\_\_\_\_

**Reference Name** \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Apt # \_\_\_\_\_ How Long Known \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Cell # \_\_\_\_\_ Work# \_\_\_\_\_

**Reference Name** \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Apt # \_\_\_\_\_ How Long Known \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Cell # \_\_\_\_\_ Work# \_\_\_\_\_

**MARKETING INFORMATION: Please fill this section in full. This helps with our out of store marketing.**

By giving E-Z Own your e-mail address you will receive specials only given to our **e-mail Club** members.

e-mail address: \_\_\_\_\_

What items would you like to purchase in the future? \_\_\_\_\_

I heard about E-Z OWN from (circle all that apply): I was a Previous Customer. Referred Cable / Satellite / TV  
Radio Grocery Receipts Coupons Newsprint Post Card Flyers Yellow Pages Drive by Other \_\_\_\_\_

If referred, referred by whom? \_\_\_\_\_

What Newspaper/Shopper do you read the most? \_\_\_\_\_

What Radio station do you listen to the most? \_\_\_\_\_

What Cable/TV station do you watch the most? \_\_\_\_\_

Where do you most often purchase your groceries? \_\_\_\_\_

**THANK YOU!** More information about us can be found at [www.ezown.net](http://www.ezown.net)