

RETAIL CREDIT APPLICATION
Credit Applied For: Joint Individual

**FIRST METROPOLITAN
FINANCIAL SERVICES, INC.**

DATE: _____

1. APPLICANT: For an individual account, please complete this section and sign in Section 3. (Please Print)

Last Name		MI		First Name		MI		Suffix (Ex. Jr., Sr., 3, 4)		D.O.B. / /		Soc. Sec. #		Driver's License #	
Present Address		City		State		Zip		Home Phone () ()		Prev. Address (If Less Than 3 Yrs. At Present)		Street or P.O. Box #		City State Zip	
Yrs. Mo.		Employer - (If Self-Employed, State Co. Name)		Location		Title/Position		Mo. Net Income		Yrs. Mo.		Other Income (Alimony, child support or separate maintenance income need not be disclosed unless relied upon for credit) \$		Source <input type="checkbox"/> Savings <input type="checkbox"/> None	
Yrs. Mo.		Prev. Employer - (If Less Than 3 Yrs. at Present)		Location		Prev. Employer Phone () ()		Indicate # of each owned:		MasterCard		Dept. Store		Discover	
Yrs. Mo.		Buying <input type="checkbox"/> Renting <input type="checkbox"/> Other <input type="checkbox"/> Own <input type="checkbox"/>		Mtg. Balance \$		Value of Home \$		Mo. Rent/Mtg. Pmt. \$		Bank Reference		Optima		VISA	
Personal Reference (Not Living With You)		Street or P.O. Box #		City		State		Zip		Reference Phone () ()		City		State Zip	

2. JOINT APPLICANT OR AUTHORIZED USER: Complete this section only if this is a joint application and joint application will be contractually liable for repayment or if applicant is relying on another party's income. Joint applicant must sign in Section 3.

Last Name		MI		First Name		MI		Suffix (Ex. Jr., Sr., 3, 4)		D.O.B. / /		Soc. Sec. #		Driver's License #		Home Phone	
Present Address		City		State		Zip		Employer - (If Self-Employed, State Co. Name)		Yrs. Mo.		Other Income (Alimony, child support or separate maintenance income need not be disclosed unless relied upon for credit) \$		Source		Location	
Yrs. Mo.		Employer - (If Self-Employed, State Co. Name)		Location		Title/Position		Mo. Net Income		Yrs. Mo.		Other Income (Alimony, child support or separate maintenance income need not be disclosed unless relied upon for credit) \$		Source		Location	

3. APPLICANT/JOINT APPLICANT: Please Read and Sign Below.

FAIR CREDIT REPORTING ACT NOTICE TO CONSUMER
THIS WILL ADVISE YOU THAT YOUR RETAIL INSTALLMENT SALES CONTRACT AND BUYER'S APPLICATION FOR CREDIT WILL BE SUBMITTED TO THE FOLLOWING FINANCIAL INSTITUTION FOR PURCHASE AND CONSIDERATION AS TO WHETHER THEY MEET THEIR CREDIT REQUIREMENTS: FIRST METROPOLITAN FINANCIAL, 5909 SHELBY OAKS DR., MEMPHIS, TN 38134

I authorize the Creditor and First Metropolitan Financial to make whatever inquiries in connection with this credit application and in the course of review or collection of any credit extended in reliance on this application. I further authorize any person or Consumer Reporting Agency to complete and furnish to the Creditor and First Metropolitan Financial any information that it may have or obtain in response to such inquiries, and agree that such information, along with this application shall remain the Creditor's and First Metropolitan Financial's property, whether or not credit is extended. All information stated in this application is declared to be a true representation of the facts and made for the purpose of obtaining the credit requested.

I/WE UNDERSTAND THAT FROM TIME TO TIME YOU WILL NOTIFY YOUR CUSTOMERS WHEN ADDITIONAL FINANCIAL SERVICES ARE AVAILABLE TO THEM, THAT THIS IS DONE BY TELEPHONE AND/OR MAIL, AND THAT SUCH SERVICES MAY INCLUDE NEGOTIABLE CHECKS WHICH I/WE MAY ENDORSE TO GET THE LOAN REPRESENTED BY THE CHECK OR DESTROY IF I/WE DO NOT WISH TO ACCEPT THE LOAN OFFER. (IF APPLICANT(S) DOES NOT WISH TO RECEIVE ABOVE DESCRIBED SOLICITATION, ABOVE PARAGRAPH SHOULD BE STRICKEN.)

DO NOT include Credit Life Insurance DO NOT include Credit Disability Insurance on my account.

X Applicant's Signature _____ Date _____
X Joint Applicant's Signature _____ Date _____

4. MERCHANT USE ONLY

Seller's Name		Seller's Fax		Merchandise		Total Purchase		Dn. Pmt. Amount		Trade-In		Net Balance	
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