

# MARTIN'S

**For Office Use Only:**

Associate \_\_\_\_\_

Status \_\_\_\_\_

Credit Limit \_\_\_\_\_

## Credit Application

*We are only able to extend credit to those who already have strong well-established credit ratings. Having a Visa, Mastercard, Discover, American Express, or department store credit card is necessary for approval.*

## Applicant Information

\_\_\_\_\_  
Last Name                      First Name                      Middle                      Social Security Number

\_\_\_\_\_  
Mailing Address                      City                      State                      Zip Code

\_\_\_\_\_  
Street Address (if different from mailing address)                      City                      State                      Zip Code

Years at Address      yrs \_\_\_\_\_ months \_\_\_\_\_      Number of Dependent Children \_\_\_\_\_

( ) \_\_\_\_\_      ( ) \_\_\_\_\_      - - -      \_\_\_\_\_  
Home Phone                      Business Phone                      Date of Birth                      E-mail Address (if available)

Do you      Own      Rent      Own Mobile Home      Live with Parents

Monthly Rent/Mortgage \_\_\_\_\_      Total Monthly Income – All Sources\* \_\_\_\_\_

\_\_\_\_\_  
Employer                      Years/Months on job                      Occupation

\*You need not furnish alimony, child support, or separate maintenance income information if you do not want us to consider it in evaluating your application.

## Credit Information

### Bank Services

\_\_\_\_\_  
Savings Account  
\_\_\_\_\_  
Checking Account  
\_\_\_\_\_  
Bank Loan

### Credit Cards\* (necessary for approval)

\_\_\_\_\_  
Visa                      \_\_\_\_\_  
American Express  
\_\_\_\_\_  
Mastercard                      \_\_\_\_\_  
Discover  
\_\_\_\_\_  
Department Store (please specify) \_\_\_\_\_

*(Application continues on opposite side)*

## Credit References (3 Business Credit References)

Business Name	Address	Phone	Contact Person

## Joint Account Information (Complete for joint accounts only)

\_\_\_\_\_  
Spouse's Name

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Employer (if applicable)

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Birthdate

I agree to pay **MARTIN'S** in full within 30 days after receipt of monthly statement, or I may elect to make payments in installments each month, at least 1/5 of the balance shown on the month's statement.

I understand that I may pay my account in full at any time. There will be no service charge if the account is paid in full within 30 days after receipt of statement. If I use the installment plan I will pay a service charge of any unpaid balance that is carried over each month.

"I [We] hereby authorize **MARTIN'S** to obtain any information from any source they require concerning the statements in this application and to verify statements from any source named herein and to generally inquire into my [our] credit record."

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*Once complete mail, fax, or deliver in person to:*

### **MARTIN'S**

914 N Hervey St  
Hope AR 71801

**Phone:** (870) 777-2777

**Fax:** (870) 777-3768