

MISSISSIPPI MUSIC, INC.
APPLICATION FOR ACCOUNT

In order for your application to be given total consideration, you must complete it in its entirety. Please do not duplicate any information, and please leave no questions unanswered. You must show a valid state identification when you present this application.

LAST NAME _____ FIRST NAME _____ MI _____ SOCIAL SECURITY NUMBER _____

DATE OF BIRTH _____ () _____ () _____
PRIMARY PHONE NUMBER SECONDARY PHONE NUMBER

STREET ADDRESS (NO PO BOX) _____ APT. # _____ CITY _____ ST _____ ZIP _____ HOW LONG _____

MAILING ADDRESS (If different from above) _____ ZIP _____ EMAIL ADDRESS _____

YOUR EMPLOYER _____ DEPT. _____ HOW LONG _____ () _____
WORK PHONE NUMBER

EMPLOYER'S CITY _____ YOUR INCOME _____ OTHER SOURCE OF INCOME _____ AMOUNT _____

LANDLORD OR MORTGAGE HOLDER _____ MO. PMT _____ [] [] _____
OWN RENT NAME & SOC. SECURITY # OF CO-SIGNER (If applicable) _____

NAME OF CHILD WHO WILL BE PLAYING INSTRUMENT (If applicable) _____ YOUR RELATIONSHIP TO CHILD _____ SCHOOL CHILD ATTENDS _____

LIST TWO RELATIVES NOT LIVING WITH YOU:

1. _____ () _____
NAME Relationship ADDRESS PHONE NUMBER
2. _____ () _____
NAME Relationship ADDRESS PHONE NUMBER

LIST TWO INDIVIDUALS WHO COULD VERIFY YOUR ADDRESS, PHONE NUMBER, AND PLACE OF EMPLOYMENT.

1. _____ () _____
NAME PHONE NUMBER
2. _____ () _____
NAME PHONE NUMBER

HAVE YOU HAD A PREVIOUS ACCOUNT WITH MISSISSIPPI MUSIC, INC.? YES _____ NO _____

EQUAL CREDIT OPPORTUNITY ACT – The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, religion, national origin, sex, marital status, or age; the fact that all or part of the applicant's income derives from any public assistance; or the fact that the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency, which administers compliance with this law concerning this type of credit, is the **Federal Trade Commission, Washington, D.C. 20580.**

I certify that the above information is correct and that this application has been made for the purpose of security credit. I authorize you to verify my credit as necessary

YOUR SIGNATURE (Must be same as person requesting credit) _____ CO-SIGNER (If applicable) _____ DATE _____

MMI USE ONLY - PLEASE DO NOT WRITE BELOW THIS LINE

Product _____ Amount _____ CMR _____ Terms _____ Down Payment _____ Equity _____ Customer's State ID # _____

Store Associate _____ Store # _____ () Approval () Turndown _____
Approved By _____

(BOURNE 7/15)