

TOWN HOUSE DEPT. STORES INC.

P.O BOX 7 HAGATNA, GUAM 96932
TEL:(671) 477-2154 FAX: (671) 472-6365

DATE: _____

PLEASE CHECK THE FOLLOWING FOR YOUR CHOICE OF CREDIT :

Solely for applicant
Fill in information on applicant only

For applicant and spouse or Co-Applicant (C-A)
Fill in information on applicant and spouse or Co-applicant

APPLICATION INFORMATION

LAST NAME		FIRST NAME	INITIAL	DATE OF BIRTH		SOCIAL SECURITY	U.S CITIZEN? <input type="radio"/> YES <input type="radio"/> NO	NUMBER OF DEPENDANTS
MAILING ADDRESS			CITY	STATE	ZIP CODE	HOME PH NO.		
RESIDENCE ADDRESS			CITY	STATE	ZIP CODE	YEARS MONTHS		
CELL NO.	OTHER CONTACT NO.	EMAIL ADDRESS						
EMPLOYER			POSITION			HOW LONG		MILITARY
EMPLOYER ADDRESS			CITY	STATE	TELEPHONE NO.	YRS. MOS.	RATING	SERVICE NO.
PREVIOUS EMPLOYER & ADDRESS (IF PRESENT EMPLOYER LESS THAN TWO YEARS)						GROSS MONTHLY INCOME	ENLISTMENT EXPIRATION	
OTHER INCOME SOURCE (INCLUSION OF INCOME FROM ALIMONY,CHILD SUPPORT,ETC. IS OPTIONAL)						JOB(S):	ROTATION DATE	
						OTHER:		
						TOTAL:		
NAME OF NEAREST RELATIVE OR PERSONAL REFERENCE				STREET	CITY	STATE	PHONE NO.	

CO-APPLICANT INFORMATION

LAST NAME		FIRST NAME	INITIAL	DATE OF BIRTH		SOCIAL SECURITY	U.S CITIZEN? <input type="radio"/> YES <input type="radio"/> NO	NUMBER OF DEPENDANTS
MAILING ADDRESS			CITY	STATE	ZIP CODE	HOME PH NO.		
RESIDENCE ADDRESS			CITY	STATE	ZIP CODE	YEARS MONTHS		
CELL NO.	OTHER CONTACT NO.	EMAIL ADDRESS						
EMPLOYER			POSITION			HOW LONG		MILITARY
EMPLOYER ADDRESS			CITY	STATE	TELEPHONE NO.	YRS. MOS.	RATING	SERVICE NO.
PREVIOUS EMPLOYER & ADDRESS (IF PRESENT EMPLOYER LESS THAN TWO YEARS)						GROSS MONTHLY INCOME	ENLISTMENT EXPIRATION	
OTHER INCOME SOURCE (INCLUSION OF INCOME FROM ALIMONY,CHILD SUPPORT,ETC. IS OPTIONAL)						JOB(S):	ROTATION DATE	
						OTHER:		
						TOTAL:		
NAME OF NEAREST RELATIVE OR PERSONAL REFERENCE				STREET	CITY	STATE	PHONE NO.	

DEBT LIST (INCLUDING ALIMONY,CHILD SUPPORT ,ETC.)

CHECK IF OBLIGATION OF

LENDERS: NAME AND ADDRESS	ORIGINAL LOAN BALANCE	BALANCE OWING	MONTHLY PAYMENT	CHECK IF OBLIGATION OF	
				APPLICANT	CO-APPLICANT
HOME: <input type="radio"/> RENT <input type="radio"/> OWN <input type="radio"/> OTHER					
CREDIT UNION					
OTHER DEBT:					

All information I (We) have stated on this application is correct and I (We) authorized Town House Dept. Stores to make any inquires about my (our) finances, continuity of income and employment, credit and personal references they feel necessary and provide information to others as permitted by law.

APPLICANT'S SIGNATURE _____

CO-APPLICANT'S SIGNATURE _____