



Retailer Name Furniture Depot Phone 901-375-4599 Fax 901-375-4597

No Credit Check Program

Cash price without tax \$ _____ Delivery Charge \$ _____ Salesperson _____

This application must be completed in full before it can be processed. No boxes can be left blank.

I am the(circle one): applicant, co-signer If co-signer, who are you signing with? _____

How are you related to applicant? circle one. They are my: Spouse, Fiance, other _____

Mr./ Ms. First Name Last Name MI Jr/Sr

Birth Mth Day Year Social Security Number Email Address We email payment receipts.

Present Home Address apt # City St. Zip

Home phone number Cellphone number County you live in

Mtg Co/Landlord Mth rent/Mtg pymt Mnth-Yr moved in Home status is: buying Own renting LiveWith If live with, write name of person and relationship

New Address if moving to Different location City St. Zip

Present Employer (Military must be E6 rank) Hired Mth-Yr Occupation/Position Employer phone

Mthly Gross Pay Month and Day of Next Payday(date) Your direct line and extension at work(if applicable) Ext

I get paid:(circle one) Every week, Every other week My payday is: (circle one) Mon Tues Wed Thur Fri Sat
 I get paid twice a month on the ____th and the ____th. I get paid once a month on the ____th.
 I get paid another way. Explain: _____

BANK NAME: _____ Date Account Was Opened: _____
 Only Bank Checking accounts are accepted. Routing # _____ Account # _____

Personal Reference Information		References must be living at separate addresses	
Name (2 relatives and 2 friends) Not living with Applicant	City/State	Home Phone with Area Code	Relationship
1 _____		()	
2 _____		()	
3 _____		()	
4 _____		()	

I hereby authorize Quality Time to request information from my creditors, employers and landlord, and that my creditors, employers, and landlord should release such requested information. I certify that the information provided herein is true and correct. I understand that this application is subject to approval by Quality Time at its offices in the State of Georgia and that all payments are remitted to its offices in Georgia.

Signed: _____ Date: _____

- This application must be accompanied by the following:
1. Most recent paystub (must have YTD Info) and W-2 if it is January-June
 2. Last bank statement showing all transactions for 30 day period and summary page
 3. Invoice
 4. Valid ID issued by state in which you live
 5. Voided Check or if no checks, Authorization to verify account numbers.
- * If current or previous customer, self employed or Military, call for different

FURNITURE DEPOT
5360 KNIGHT ARNOLD R
MEMPHIS, TN 38115
901-375-4599 PHONE
901-375-4597 FAX
MON-SAT 10AM-7PM