



Simonson
STATION STORES
 SINCE 1933

Simonson Charge Account

PERSONAL CREDIT APPLICATION

TELL US ABOUT YOURSELF

Name First _____ Middle _____ Last _____
 Home Phone () _____ Date of Birth _____ Social Security # _____
 Current Address _____
 City _____ State _____ Zip _____ Time at Cur. Address _____ Years _____ Months
 How would you like to receive your monthly statements? _____ Mail _____ Email _____ Fax
 Email Address _____ Fax # _____

Complete only if: __ you wish to establish a joint or co-applicant account; __ if you are relying on spouse's income, alimony, child support, or separate maintenance payments to establish your creditworthiness or; __ if your spouse will use the account (CHECK ONE).

Co-Applicant Name First _____ Middle _____ Last _____
 Home Phone () _____ Date of Birth _____ Social Security # _____
 Current Address _____ Apt# _____ City _____ State _____ Zip _____

TELL US ABOUT YOUR WORK

Employer _____ Address _____ City _____ State _____ Zip _____
 Work Phone () _____ Annual Salary \$ _____ Time at Employer _____ Years _____ Months
 Occupation _____ Other Annual Income *\$ _____ Source of Other Income _____
 *You don't have to tell us about alimony, child support, or separate maintenance income unless you want us to consider them.
 Previous Employer _____ Time at employer _____ Years _____ Months

TELL US ABOUT YOUR CREDIT

Write the NUMBER of accounts next to each category below.

	Bank	City	Account Number
___ Checking Account(s)	_____	_____	_____
___ Savings Account(s)	_____	_____	_____

OTHER INFORMATION NEEDED

Simonson Credit Cards require a PIN number for proper security purposes. We will need a list of everyone authorized to charge on your account and a selected 4-digit PIN number. Example: John Doe #1000, Jane Doe #1001, Susie Doe # 1002. Everyone must have a different 4-digit PIN number. These numbers are necessary in order to accurately process your statements with a detailed listing of all account transactions according to each user. Please provide us with this information and return both the credit application and all users and associated PIN numbers to your local Simonson Station Store.

NAME _____ PIN# _____ NAME _____ PIN# _____

YOUR SIGNATURE (S)

I AGREE THAT YOU MAY VERIFY THE ABOVE, CHECK MY CREDIT HISTORY, AND SECURE FOLLOW-UP CREDIT REPORTS ON ME, I (WE) ALSO AGREE TO PAY ALL FINANCE CHARGES. BALANCE DUE IN FULL UPON RECEIPT. THANK YOU.

Applicants _____ Co-Applicants _____
 Signature **X** _____ Signature **X** _____