

BERGEY'S INC., 462 HARLEYSVILLE PIKE • SOUDERTON, PA 18964 (215) 723-6071 • (800) 237-4397 • FAX (215)-799-3519 • www.bergeys.com

CONSUMER CREDIT APPLICATION

NAME		SOCIAL SECURITY #			
STREET ADDRESS		PHONE #			
CITY		STATE	ZIP CODE	YEARS THERE	
PREVIOUS ADDRESS	3				
YEARS THERE	DATE OF BIRTH		NUMBER	OF DEPENDENTS	
EMPLOYER			ANNUAL INCOME		
STREET ADDRESS					
YEARS THERE	PHONE #	POSI	TION		
PREVIOUS EMPLOYE	ER			YEARS THERE	
NEAREST RELATIVE	OR FRIEND			RELATIONSHIP	
STREET ADDRESS				PHONE #	
* 0	Complete this section only if y	you desire a joint	account wit	h your spouse	
NAME OF SPOUSE		DATE OF BIRTH -		SOCIAL — SECURITY #	
EMPLOYER					
STREET ADDRESS					
YEARS THERE	PHONE #	POSI	TION		
	CREDIT REFERENCES (CR	EDIT CARDS, VIS	SA, MASTER	CARD, ETC)	
1	ACCT#			BALANCE	
	ACCT#				
3	ACCT#			BALANCE	
4	ACCT#			BALANCE	
RENT	OWNLANDLOR	D/MORTGAGE H	OLDER		
ADDRESS				MONTHLY PAYMENTS ————	
BANK INFORMATION:					
BANK OR BRANCH					
	SAVINGS ACCT. #				
INFORMATION WITH OTHE	ADE BY ME IN THIS APPLICATION ARE T ERS IN CONNECTION WITH THIS APPLICA NCURRED AND AGREE TO THE TERMS A	ATION. IF APPLICATION	IS ACCEPTED A	ND A CREDIT CARD ISSUED, I PROMISE TO	
SIGNATURE (1)					
SIGNATURE (2)			DATE DATE		