

CAPITOL MUSIC

Quality Instruments and Service Since 1955
3834 Harrison Road, Montgomery, AL 36109
Phone (334) 277-9990 - Toll Free (800) 288-4132
Fax (334) 277-0767

NEW ACCOUNT INFORMATION

(Please Print)

Last Name: _____ First Name: _____ Middle Initial: _____

Date of Birth: _____ SSN: _____

Address: _____ Phone #: _____

City: _____ State: _____ Zip: _____ # of years at this address: _____

Name of Employer: _____ Length of time on job: _____

Employers Address: _____ Work #: _____ Income: _____

Spouse Name: _____ DOB: _____ SSN: _____

Spouse Employer: _____ Work #: _____

Credit References (Open or Closed): 1. _____

2. _____

3. _____

Name of nearest relative not living with you: _____ Phone # _____

Address: _____ City: _____ State: _____ Zip: _____

Everything that I have stated in this application is correct to the best of my knowledge. I understand that you will retain this application whether or not is approved. You are authorized to check my credit and employment history and to answer questions about your credit experience with me. **UPON SIGNING BELOW, I HEREBY ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE FOREGOING STATEMENT.**

Applicant's signature

Date

Other signature

Date