

Retailer Name		Phone		Fax	
Sofas 4 Less		407-856-8951		407-856-8954	
Cash price without tax		Delivery Chg		Salesperson	
No Credit Check Program		\$		\$	
<i>This application must be completed in full before it can be processed. No boxes can be left blank.</i>					
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, Mother, Father, Child, Grandchild, Grandparent, friend, 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 <input type="checkbox"/>		Own <input type="checkbox"/>	
		renting <input type="checkbox"/>		LiveWith <input type="checkbox"/>	
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)	
\$					
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 Sofas 4 Less 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 Sofas 4 Less at its offices in the State of Florida and that all payments are remitted to its offices in Florida					
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(exclude cancelled checks)
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 requirements