



**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** \_\_\_\_\_