

LENOX BARNs, INC.
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Silver Springs, NV 89429

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CREDIT APPLICATION

NAME: _____ DATE: _____

ADDRESS: _____ YEARS AT THIS ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE: _____

PREVIOUS ADDRESS: _____ YEARS THERE: _____

SOCIAL SECURITY #: _____

BUYING ___ RENTING ___ OWN ___ MONTHLY PAYMENT: _____

PRESENT EMPLOYER: _____ PHONE: _____

OCCUPATION: _____

TIME AT EMPLOYER: _____

DRIVERS LICENSE #: _____

BANK: _____ ACCT #: _____ CITY: _____

NAMES AND ADDRESSES OF REFERENCES:

1. _____ PHONE: _____

2. _____ PHONE: _____

3. _____ PHONE: _____

SIGNATURE: _____