

Merchant Name		Merchant MID #	Regular Sale Price	90 Days Same as Cash Promo Price	Goods or Services Received		
Installment Account Setup Fee \$40	Down Payment	Remaining Balance with 90 Day Term	Remaining Balance with Term Longer than 90 Days (Based on Regular Sale Price)		Amount of Recurring Payments	Number of Payments	First Payment Date
Total Gross Monthly Income	5% of Gross Income	Copy of Voided Check Received <input type="checkbox"/> Yes <input type="checkbox"/> No Copy of Pay Stubs Received <input type="checkbox"/> Yes <input type="checkbox"/> No	Drivers License Copy Received <input type="checkbox"/> Yes <input type="checkbox"/> No Expiration date _____	Additional Proof of Address Received (Phone, Electric, or Cable Bill, etc) <input type="checkbox"/> Yes <input type="checkbox"/> No Address same as ID <input type="checkbox"/> Yes <input type="checkbox"/> No	Recurring Payments Info <input type="checkbox"/> Monthly <input type="checkbox"/> 1st <input type="checkbox"/> Bi-Monthly <input type="checkbox"/> 16th		Last Payment Date

For WI residents: If you are applying for individual credit or joint credit with someone who is not your spouse, combine your and your spouse's financial information on the application form.

1. APPLICANT INFORMATION: Please tell us about yourself.

Name (First, Middle, Last) Please Print			Date of Birth	Social Security Number	Home Phone Number
Mailing Address Apt. City State Zip				Cell / Other Phone Number	
Street Address (if different from mailing) Apt. City State Zip					
Housing Information <input type="checkbox"/> Rent <input type="checkbox"/> Own		Nearest Relative's Name Phone		Gross Monthly Income <small>Alimony, child support or separate maintenance maintenance income need not be need not be disclosed unless relied upon for approval.</small> \$	
Employers Name & Phone		1. Personal Reference City State Phone		2. Personal Reference City State Phone	
3. Personal Reference City State Phone		4. Personal Reference City State Phone			
Email Address (Print Please)			By providing an e-mail address, I consent to receive e-mail confirmation of my Application, communications about my Account including invoices, payment and statement information and periodic offers and updates from Choice ^e Credit.		

2. CO-APPLICANT INFORMATION: Please tell us about yourself.

Name (First, Middle, Last) Please Print			Date of Birth	Social Security Number	Home Phone Number
Mailing Address Apt. City State Zip				Cell / Other Phone Number	
Street Address (if different from mailing) Apt. City State Zip					
Housing Information <input type="checkbox"/> Rent <input type="checkbox"/> Own		Nearest Relative's Name Phone		Gross Monthly Income <small>Alimony, child support or separate maintenance maintenance income need not be need not be disclosed unless relied upon for approval.</small> \$	
Employers Name & Phone		1. Personal Reference City State Phone		2. Personal Reference City State Phone	
3. Personal Reference City State Phone		4. Personal Reference City State Phone			
Additional Comments:					

I certify that the information provided above is accurate to the best of my knowledge. Initials _____

3. APPLICANT and CO-APPLICANT: Signature(s) required below

- I request that Merchant open the type of account for which I have applied for. I am providing the information in this application to Merchant and Choice Payment Systems (herein referred to as Choice eCredit), and asking Merchant and Choice eCredit to approve my account. Merchant may make inquiries it considers necessary (including requesting reports from consumer reporting agencies and other sources) in evaluating my application, and for purposes of reviewing, maintaining or collecting my account. Merchant and Choice eCredit reserves the right to refuse to open an account in my name if I no longer meet the program criteria.
- If my application is approved, the Consumer Installment Payment Agreement Terms and Conditions ("Agreement"), a copy of which is attached and is available for review at www.choicecredit.com/terms.pdf, and hereby incorporated by reference, will be given to me and will govern my account. **I understand, to obtain the 90 Days Same as Cash NO INTEREST Promotional Discount, I must pay the purchase balance in full within 90 days and, I understand, that a minimum payment must be made each month during the 90 day Promotional Period, if not, I will pay the larger Non-Promotional Balance in installment payments over the term of this agreement.**
- Among other things, the Agreement: (1) **INCLUDES AN ARBITRATION PROVISION THAT MAY LIMIT MY RIGHTS UNLESS I REJECT THAT PROVISION UNDER THE AGREEMENT'S INSTRUCTIONS;** and (2) **makes each applicant responsible for paying the entire amount of the installment payments;** and (3) **grants Merchant a security interest in the goods purchased on the account as permitted by law.**
- This application and the Agreement are governed by federal law and Texas law (to the extent that state law applies). **Federal law requires Merchant and Choice eCredit obtain, verify and record information that identifies applicants when opening an account. Merchant and Choice eCredit will use applicants' name, address, date of birth, and other information for this purpose.**
- I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. This authorization is to remain in full force and effect for the above marked transactions, or until such time that my indebtedness for the amount listed above is fully satisfied.
- I have read the Terms and Conditions on the next 5 pages and I have received all the installment information applicable to my account.
- **I agree that all payments will be originated electronically direct from my bank or credit card account.**
- **In consideration of the goods, products and/or services provided to me by Merchant along with Choice Payment Systems, as listed above, I hereby authorize Choice Payment Systems to initiate debit entries to my checking account at the depository financial institution on my attached voided check, and to debit the same to such account for the recurring amount(s) listed above. I hereby authorize Choice Payment Systems to electronically collect returned items plus any NSF fees permitted by state law directly from my bank account. I understand the first electronic payment on my account will be on _____ and the last electronic payment will be on _____. I understand that to receive the 90 Days Same as Cash Price I must pay the Total Purchase Amount by _____. Initials _____**

X _____ Signature of Applicant	X _____ Signature of Co-Applicant (If Applicable)
_____ Name of Applicant (Print)	_____ Name of Co-Applicant (Print If Applicable)
_____ Date	_____ Date