



CUSTOMER ORDER FORM

Store Number: <div style="border: 1px solid black; width: 100px; height: 40px; margin-top: 5px;"></div>	Order Date	Unit #	Terms in Weeks	Payment
	Products Requested			
	Delivery Date			
	Delivery Time			
	C.O.D \$			
	Verified			
Total				

CUSTOMER INFORMATION	First Name		Last Name		Maiden Name		Birthdate	Sex	Driver's License #		
	Email Address							Number in Household		Social Security #	
	Address/PO Box #				Apt./Floor	City/State/Zip Code			How long at this address?		
	Residence In Whose Name? <input type="checkbox"/> RENT <input type="checkbox"/> OWN				Average Utility Payment per Month		Monthly Payment	Home #		Cell #	
	Current Landlord				Landlord's Address		Landlord's City/State/Zip Code			Landlord's Phone #	
	Previous Address (if less than 6 months)					City/Zip Code		From (Date)		To (Date)	
	Previous Landlord			Phone #		Car-Make/Model	Monthly Car Payment	Color of Car		License Plate #	
	Source of Income (Employer)				Job Title		Address			City/State/Zip Code	
	Hire Date		Work Phone #		Ext. #		Supervisor's Name		Supervisor's Phone #		Ext. #
	Next Pay Date		Paid How Often?		Take Home per Month \$			Additional Income \$		Source	
Co-Applicant/Spouse Info.	Spouse/Co-Applicant				Maiden Name		Birthdate		Relationship		Social Security #
	Email Address			Address			City/Zip Code		Spouse/Co-Applicant Phone #		Driver's License #
					Work Phone #		Ext. #	Supervisor's Name		Supervisor's Phone #	
	Job Title		Hire Date	Next Pay Date	Paid How Often?	Take Home per Month \$		Additional Income \$		Source of Additional Income	

REFERENCES

	Name/Email Address	Physical Address	City/State/Zip Code	Phone #	Relationship	Years Known
REFERENCES	1 Parent's Name Email:					
	2 Relative's Name Email:					
	3 Relative's Name Email:					
	4 Other Email:					
	5 Other Email:					
	6 Other Email:					

PLEASE COMPLETE THIS MARKETING SECTION SO THAT WE CAN SERVE YOU BETTER

How did you FIRST hear about us? (check one only):				(Who were you referred by.)	
1. <input type="checkbox"/> Flyer	4. <input type="checkbox"/> Repeat Business	7. <input type="checkbox"/> TV	10. <input type="checkbox"/> Referred By:		
2. <input type="checkbox"/> Postcard	5. <input type="checkbox"/> Walk-in	8. <input type="checkbox"/> Radio			
3. <input type="checkbox"/> Door Hanger	6. <input type="checkbox"/> Yellow Pages	9. <input type="checkbox"/> Other			

PLEASE READ THIS STATEMENT BEFORE SIGNING

I promise that the information I have provided on this form is correct. I authorize Elite Furniture and its affiliates to obtain information, make inquiries, concerning your information, and complete verification of all the information that I have provided. You may contact any person or company listed above, and I fully release all liability for any damage that may result. My/(our) signature(s) below indicates that for the purpose of verification, I/(we) have voluntarily waived the protection of all rights to privacy laws.

Applicant

Co-Applicant/Spouse

Date