



# AMERITONE - MAUI

140 ALAMAHA STREET  
KAHULUI, HAWAII 96732  
PHONE: (808) 871-7734 FAX: (808)871-6073

# CREDIT APPLICATION CONSUMER

**INDIVIDUAL ACCOUNT**  
Applicant is relying on his/her own income and credit references. Please complete sections 1 and 3. You may apply for an individual account even if you are married. However, if your spouse will use this account, please print their full name below.

**ACCOUNT ON BEHALF OF ANOTHER**  
If you are relying on another person's income, assets and credit references, please complete sections 2 and 3 for the other person. Complete section 1 for yourself.

NOTE: You need not reveal income derived from alimony, child support or separate maintenance payments if you do not wish such income to be considered for credit.

(Spouse) First Middle Last Name

<b>1 INDIVIDUAL INFORMATION (ALL APPLICANTS)</b>					PHONE # _____ - _____ - _____	
YOUR SS # _____ - _____ - _____					ALT PH # _____ - _____ - _____	
YOUR NAME FIRST INITIAL LAST			<input type="checkbox"/> OWN HOME <input type="checkbox"/> PAY RENT <input type="checkbox"/> MOBILE HOME <input type="checkbox"/> ROOM <input type="checkbox"/> LIVE W/PARENTS <input type="checkbox"/> OTHER _____			
YOUR PRESENT ADDRESS STREET CITY STATE ZIP HOW LONG?			NUMBER OF DEPENDENTS _____			
YOUR EMPLOYER		POSITION		HOW LONG? YRS _____ MOS _____		
EMPLOYER'S ADDRESS STREET CITY STATE ZIP		EMPLOYER'S PHONE # _____ - _____ - _____				
MONTHLY INCOME BEFORE DEDUCTIONS \$		MONTHLY ALIMONY, CHILD SUPPORT OR SEPARATE MAINTENANCE PAYMENTS (SEE NOTE ABOVE)		ARE YOU OVER 18? <input type="checkbox"/> YES <input type="checkbox"/> NO		
YOUR BANK ACCOUNT IS AT		BRANCH ADDRESS		ACCOUNT NUMBER		
NEAREST RELATIVE NOT LIVING WITH YOU		NAME ADDRESS				

<b>2 ACCOUNT ON BEHALF OF ANOTHER</b>					PHONE # _____ - _____ - _____	
THEIR SS # _____ - _____ - _____					ALT PH # _____ - _____ - _____	
YOUR NAME FIRST INITIAL LAST			<input type="checkbox"/> OWN HOME <input type="checkbox"/> PAY RENT <input type="checkbox"/> MOBILE HOME <input type="checkbox"/> ROOM <input type="checkbox"/> LIVE W/PARENTS <input type="checkbox"/> OTHER _____			
YOUR PRESENT ADDRESS STREET CITY STATE ZIP HOW LONG?			NUMBER OF DEPENDENTS _____			
THEIR EMPLOYER		POSITION		HOW LONG? YRS _____ MOS _____		
THEIR EMPLOYER'S ADDRESS STREET CITY STATE ZIP		EMPLOYER'S PHONE # _____ - _____ - _____				
THEIR MONTHLY INCOME BEFORE DEDUCTIONS \$		MONTHLY ALIMONY, CHILD SUPPORT OR SEPARATE MAINTENANCE PAYMENTS (SEE NOTE ABOVE)		IS THIS PERSON OVER 18? <input type="checkbox"/> YES <input type="checkbox"/> NO		
THEIR BANK ACCOUNT IS AT		BRANCH ADDRESS		ACCOUNT NUMBER		
THEIR NEAREST RELATIVE NOT LIVING WITH THEM		NAME ADDRESS				

<b>3 CREDIT INFORMATION - PLEASE LIST NAMES OF STORES, FINANCE COMPANIES, CREDIT CARDS, ACCOUNT NUMBERS &amp; AMOUNTS OWED</b>				
COMPANY/STORE NAME	PHONE NUMBER	ACCOUNT NUMBER	PRESENT BALANCE	MONTHLY BALANCE

MAY YOUR CREDIT REFERENCES AND HISTORY BE VERIFIED IN ANY OTHER NAME?  NO  YES \_\_\_\_\_

TERMS:  
NET 30 DAYS FROM STATEMENT CLOSING DATE. A FINANCE CHARGE OF 1.5% PER MONTH WILL BE ADDED TO ALL PAST DUE BALANCES. THIS IS AN ANNUAL PERCENTAGE RATE OF 18%. COD REQUIRED ON PAST DUE BALANCES.

COMMENTS:

I CONFIRM THAT THE INFORMATION SET FORTH ABOVE IS COMPLETE AND ACCURATE. I AUTHORIZE THE ABOVE COMPANY TO SUBSTANTIATE AND INVESTIGATE THE INFORMATION CONTAINED ON THE APPLICATION.

SIGNATURE OF APPLICANT \_\_\_\_\_  
DATE \_\_\_\_\_

CREDIT APPROVED AMOUNT \_\_\_\_\_  CREDIT DISAPPROVED REASON FOR DENIAL \_\_\_\_\_

BY \_\_\_\_\_ DATE \_\_\_\_\_