MISSISSIPPI MUSIC, INC.
APPLICATION FOR ACCOUNT

In order for your application to be given total consideration, you must complete it in its entirety. Please do not duplicate any information, and please leave no questions unanswered. You must show a valid state identification when you present this application.

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LAST NAME _____ FIRST NAME _____ MI _____ SOCIAL SECURITY NUMBER _____

DATE OF BIRTH _____ AREA CODE (_____) CELL PHONE _____ AREA CODE (_____) HOME PHONE _____

STREET ADDRESS (NO PO BOX) _____ APT. # _____ CITY _____ ST _____ ZIP _____ HOW LONG _____

MAILING ADDRESS (If different from above) _____ NAME & SOCIAL SECURITY # OF SPOUSE IF CO-SIGNER _____

YOUR EMPLOYER _____ DEPT. _____ HOW LONG _____ AREA CODE (_____) WORK TELEPHONE _____

EMPLOYER'S CITY _____ YOUR INCOME _____ OTHER SOURCE OF INCOME _____ AMOUNT _____

LANDLORD OR MORTGAGE HOLDER _____ MO. PMT _____ [____] OWN [____] RENT CHILD'S NAME (If applicable) _____ SCHOOL CHILD ATTENDS _____

CHILD'S ADDRESS (If different from yours) _____ RELATIONSHIP TO CHILD _____

LIST TWO RELATIVES NOT LIVING WITH YOU:

1. NAME _____ Relationship _____ ADDRESS _____ AREA CODE (_____) TELEPHONE NUMBER _____

2. . NAME _____ Relationship _____ ADDRESS _____ AREA CODE (_____) TELEPHONE NUMBER _____

LIST THREE INDIVIDUALS, DIFFERENT FROM ABOVE, WHO COULD VERIFY YOUR ADDRESS, TELEPHONE NUMBER AND PLACE OF EMPLOYMENT.

1. NAME _____ AREA CODE (_____) TELEPHONE NUMBER _____

2. NAME _____ AREA CODE (_____) TELEPHONE NUMBER _____

3. NAME _____ AREA CODE (_____) TELEPHONE NUMBER _____

HAVE YOU HAD A PREVIOUS ACCOUNT WITH MISSISSIPPI MUSIC, INC.? YES _____ NO _____

EQUAL CREDIT OPPORTUNITY ACT – The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, religion, national origin, sex, marital status, or age; the fact that all or part of the applicant's income derives from any public assistance; or the fact that the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency, which administers compliance with this law concerning this type of credit, is the **Federal Trade Commission, Washington, D.C. 20580.**

I certify that the above information is correct and that this application has been made for the purpose of security credit. I authorize you to verify my credit as necessary

YOUR SIGNATURE (Must be same as person requesting credit) _____ CO-SIGNER (If applicable) _____ DATE _____

MMI USE ONLY - PLEASE DO NOT WRITE BELOW THIS LINE

Product _____ Amount _____ CMR _____ Terms _____ Down Payment _____ Equity _____ Store _____

Customer's State ID # _____ Sales Associate's Name _____

( ) Approval ( ) Turndown Approved By _____

(04/09 DSI)