



# CUSTOMER ORDER FORM

PLEASE PRINT - DO NOT WRITE IN SHADED AREAS

Date _____	RENTAL-PURCHASE
Store _____	SHORT-TERM
	PREVIOUS CUST.

## CUSTOMER'S INFORMATION

Applicant's Name		Nickname	Birthdate / /	Sex	Social Security#	Other ID – Gov't ID (DL, MC, etc.)	Driver's License#/State ID#
Other Adult in Household Name		Nickname	Birthdate / /	Sex	Social Security#	Other ID – Gov't ID (DL, MC, etc.)	Driver's License#/State ID#
Address			Apt./Floor	City/State/Zip		Phone #	Cell Phone #
Residence is <input type="checkbox"/> Owned <input type="checkbox"/> Rented		Utilities in Whose Name		<input type="checkbox"/> Home	E-mail Address		
Type <input type="checkbox"/> House <input type="checkbox"/> Apt. <input type="checkbox"/> Other				<input type="checkbox"/> Message			
Auto/Year	Make	Model	Color	License Plate#	State		
Current Landlord	Address		Monthly Pmt Amt:	How Long	Lease Term Through	City/State/Zip	Phone#
Previous Address (if less than 6 months at current address)					City/State/Zip		How Long
Previous Landlord	Address		City/State/Zip			Phone#	

## EMPLOYMENT INFORMATION

Applicant's Employer		Job Title	Address		City/State/Zip		
Hire Date	Shift	Dept.	Supervisor		Phone#	Ext#	
Working <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Not Working	Paid <input type="checkbox"/> Once a Week <input type="checkbox"/> Every Two Weeks <input type="checkbox"/> Once a Month <input type="checkbox"/> Twice a Month <input type="checkbox"/> Other: _____		Day or Dates Paid	Take Home Pay/Next Payday	Additional Income		Source
Co-Applicant's Employer		Co-Applicant's Job Title	Address		City/State/Zip		
Hire Date	Shift	Dept.	Supervisor		Phone#	Ext#	
Working <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Not Working	Paid <input type="checkbox"/> Once a Week <input type="checkbox"/> Every Two Weeks <input type="checkbox"/> Once a Month		Day of Week Month Paid	Take Home Pay	Additional Income		Source

When Would You Like Your Payment Due?

## PERSONAL REFERENCES – FAMILY MEMBERS PREFERRED (PLEASE COMPLETE ALL INFORMATION)

Name	Address	City/State/ZIP	Phone#	Relationship (circle one) Parent Brother • Sister
Name	Address	City/State/ZIP	Phone#	Relationship (circle one) Parent Brother • Sister
Name	Address	City/State/ZIP	Phone#	Relationship
Name	Address	City/State/ZIP	Phone#	Relationship
Name	Address	City/State/ZIP	Phone#	Relationship

## DISCLOSURE FOR ORDER

**RELEASE OF INFORMATION TO PREMIER** Please Read Statement Before Signing:  
 You agree to allow us or our agents and assigns, including debt collectors, to contact you for business purposes including application qualification notification, solicitation, marketing and collections, via multiple communication channels including, email, telephone or text message, directly or by using a dialer, automatic telephone dialing system, interactive voice recognition system, or artificial or prerecorded voice or message, at any number you have given us or any number you give us in the future (whether home, cell, or mobile service), even if you are charged for the call by your telephone service provider. You expressly agree to be contacted via such automated calls and communication methods.

Applicant \_\_\_\_\_

Co-Applicant \_\_\_\_\_

Date \_\_\_\_\_

## PURCHASE INFORMATION

How did you hear about us? Print Ad \_\_\_\_\_ Radio \_\_\_\_\_ TV \_\_\_\_\_ Internet \_\_\_\_\_ Other \_\_\_\_\_ Referred By \_\_\_\_\_

Have You Ever Purchased From Premier Before?  No  Yes If Yes, How Long Ago? \_\_\_\_\_

Have You Purchased From Other Companies?  No  Yes If Yes, How Long Ago? \_\_\_\_\_

Please List Other Companies You Have Purchased From \_\_\_\_\_

## DIRECTIONS

Please Provide Detailed Information To Your Home: