



<b>Retailer Name</b>	<b>Phone</b>	<b>Fax</b>
Nu Look Furniture	(404)288-3068	(404)288-3069

<b>Cash price without tax</b>	<b>Delivery Charge</b>	<b>Salesperson</b>
\$	\$	

**No Credit Check Program**

*This application must be completed in full before it can be processed. No boxes can be left blank.*

I am the(circle one): applicant, co-signer      If co-signer, who are you signing with? \_\_\_\_\_

How are you related to applicant? circle one.      They are my: Spouse, Fiance, other \_\_\_\_\_

<b>Mr./ Ms.</b>	<b>First Name</b>	<b>Last Name</b>	<b>MI</b>	<b>Jr/Sr</b>

<b>Birth Mth</b>	<b>Day</b>	<b>Year</b>	<b>Social Security Number</b>	<b>Email Address</b>	<b>We email payment receipts.</b>
					@

<b>Present Home Address</b>	<b>apt #</b>	<b>City</b>	<b>St.</b>	<b>Zip</b>

<b>Home phone number</b>	<b>Cellphone number</b>	<b>County you live in</b>

<b>Mtg Co/Landlord</b>	<b>Mth rent/Mtg pymt</b>	<b>Mnth-Yr moved in</b>	<b>Home status is:</b>	<b>If live with, write name of person and relationship</b>
	\$		<input type="checkbox"/> buying <input type="checkbox"/> Own <input type="checkbox"/> renting <input type="checkbox"/> LiveWith	

<b>New Address if moving to Different location</b>	<b>City</b>	<b>St.</b>	<b>Zip</b>

<b>Present Employer</b> (Military must be E6 rank)	<b>Hired Mth-Yr</b>	<b>Occupation/Position</b>	<b>Employer phone</b>

<b>Mthly Gross Pay</b>	<b>Month and Day of Next Payday(date)</b>	<b>Your direct line and extension at work(if applicable)</b>	<b>Ext</b>
\$			

I get paid:(circle one) Every week, Every other week      My payday is: (circle one) Mon Tues Wed Thur Fri Sat

I get paid twice a month on the \_\_\_\_th and the \_\_\_\_th.      I get paid once a month on the \_\_\_\_th.

I get paid another way. Explain: \_\_\_\_\_

**BANK NAME:** \_\_\_\_\_ **Date Account Was Opened:** \_\_\_\_\_

Only Bank Checking accounts are accepted.      **Routing #** \_\_\_\_\_ **Account #** \_\_\_\_\_

Personal Reference Information		References must be living at separate addresses	
Name (2 relatives and 2 friends) Not living with Applicant	City/State	Home Phone with Area Code	Relationship
1 _____		( )	
2 _____		( )	
3 _____		( )	
4 _____		( )	

I hereby authorize Okinus to request information from my creditors, employers and landlord, and that my creditors, employers, and landlord should release such requested information. I certify that the information provided herein is true and correct. I understand that this application is subject to approval by Okinus at its offices in the State of Georgia and that all payments are remitted to its offices in Georgia.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

- This application must be accompanied by the following:**
1. Most recent paystub (must have YTD Info) and W-2 if it is January-June
  2. Last bank statement showing all transactions for 30 day period and summary page(exclude cancelled checks)
  3. Invoice
  4. Valid ID issued by state in which you live
  5. Voided Check or if no checks, Authorization to verify account numbers.
- Please fax to 1-866-849-2777**  
**Phone 1-800-446-0970**