

SIGNATURE:

DATE:

## **PURCHASE APPLICATION FORM**

						CUS	TOMER I	NFOF	RMATION				
*PURC	HASE TYPE	□ PURCHASE □ FINANCE											
*FIRST	NAME (AS IN ID)							*LAST	NAME (AS IN I.D.)	1			,
*SOCIAL SECURITY#			T. 1		-			*DRIV	ER LICENSE NUMBER	2			
E-MAIL ADDRESS				E.					O / BUSINESS FRATION NUMBER				
*LEGAL ADDRESS /RESIDENCE		STREET						REGIS	RATION NUMBER			APT#	
		CITY								STATE		ZIP CODE	
НОМЕ	E PHONE NO.							MOBI	LE PHONE NO.				
NAME	OF SALES REP							REI				SALES REP	
		INSTALLATION						PHON				CODE	
INSTALLATION DETAILS  SERVICE REQUEST DATE													
								+1 + CT	NAME (401NA D.)	1			
*FIRST NAME (AS IN ID)  INSTALLATION ADDRESS (If different from the above current address)								*LAST	NAME (AS IN I.D.)				
		STREET									APT #		
		СІТУ								STATE		ZIP CODE	
PHON	E (HOME)	2						MOBILE					
OPTION		REFRIGERATOR CONNECTION (  YES   NO)						MEME	BERSHIP	□ YES □ NO			0
REMA	RKS												
							PRODUC	CTS D	ETAILS				
NO.	MODEL	QUANTITY		OI	ORDER TYPE DURATIO		ON	DEPOSIT IF APPLICABLE	MONTHLY PAYMENT		TAX	TOTAL (USD)	
1													
2													
3													
										GR	AND TO	OTAL (USD)	
PAYME	ENT METHOD	□ CASH □ CARD					)	□ <b>С</b> НЕ	CK □ A	лСН		□ CCR	□ SYN
						ACO	CEPTANC	E API	PROVAL				
• may • LIFE sour	providing the information of furnish information abore POWER INC may make ces) in evaluating my appearance application is approved agreement includes an a	out me(even inquires if it plication, an I, LIFEPOW	if ap t cons id for ER IN	plicatio siders n purpos NC will	n is deni ecessary es of rev send agr	/ER INC to ied) to cre /(including riewing, m reement (F	o apply for pure ate and update 3 requesting re aintaining or c Rental only) an	thase or their re ports fro ollecting	FINANCE items By apported and to provide memory consumer reporting a information.	e with service agencies, fina	and spe ncial ser	ecial offers.	
purchas	plication and the agreem se or lease an item. LIFE and be 18 years or older t	POWER IN											
CUSTOMER SALES REPRESENTATIVE													

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