

# CUSTOMER ORDER FORM

DATE \_\_\_\_\_ STORE \_\_\_\_\_ TAKEN BY \_\_\_\_\_

WHAT ARE YOU INTERESTED IN? \_\_\_\_\_

WHAT PUT YOU IN THE MARKET? \_\_\_\_\_

WHO IS GOING TO USE IT? \_\_\_\_\_

HOW ARE YOU GOING TO USE IT? \_\_\_\_\_

BUY OR LEASE  
**Masters**  
FURNITURE, ELECTRONICS, AND APPLIANCES

EMPLOYMENT	FIRST NAME		LAST NAME		MAIDEN NAME		SOCIAL SECURITY #		BIRTHDATE		DRIVER'S LICENSE #		EXP. DATE			
	NAME OF OTHER ADULT IN HOUSEHOLD				MAIDEN NAME		RELATIONSHIP		SOCIAL SECURITY #		BIRTHDATE		DRIVERS LICENSE #			
	ADDRESS				APT./FLOOR		CITY/STATE/ZIP				HOW LONG					
	<b>BEST CONTACT INFORMATION:</b>		HOME PHONE		EXT #		PHONE IN WHOSE NAME		CELL PHONE		EXT #		EMAIL			
	EMPLOYER				ADDRESS				CITY/STATE/ZIP				PHONE #		EXT. #	
	HIRE DATE		SHIFT/HOURS		DEPT.		JOB TITLE				SUPERVISOR					
	WORKING		FULL TIME PART TIME		HOW OFTEN DO YOU GET PAID		TAKE HOME PAY		DAY OF THE WEEK PAID		NEXT PAY DATE					
	PREVIOUS EMPLOYMENT				ADDRESS				CITY/STATE/ZIP				PHONE #			
	EMPLOYER (OTHER ADULT IN HOUSEHOLD)				ADDRESS				CITY/STATE/ZIP				PHONE #		EXT. #	
	RESIDENCE	HIRE DATE		SHIFT/HOURS		DEPT.		JOB TITLE				SUPERVISOR				
WORKING		FULL TIME PART TIME		HOW OFTEN DO YOU GET PAID		TAKE HOME PAY		DAY OF THE WEEK PAID		NEXT PAY DATE						
TYPE OF HOME: <input type="checkbox"/> QUADPLEX <input type="checkbox"/> DUPLEX <input type="checkbox"/> SINGLE <input type="checkbox"/> MOBILE HOME <input type="checkbox"/> APARTMENT				DOES THIS PRODUCT GO: <input type="checkbox"/> UPSTAIRS <input type="checkbox"/> DOWNSTAIRS				LEASE IN WHOSE NAME				UTILITIES IN WHOSE NAME				
CURRENT LANDLORD				ADDRESS				CITY/STATE/ZIP				PHONE #		MONTHLY PAYMENT AMOUNT		
PREVIOUS ADDRESS				CITY/STATE/ZIP				FROM				TO				
PREVIOUS LANDLORD				ADDRESS				CITY/STATE/ZIP				PHONE #				
AUTO - YEAR		MAKE		MODEL		COLOR		PLATE #		STATE		FINANCED THROUGH		PAYMENTS		
WHAT IS THE BEST DAY TO PAY				HOW DID YOU HEAR ABOUT US				DISPOSABLE INCOME								
AT LEAST 2 REFERENCES MUST BE A PARENT, GRANDPARENT, BROTHER, SISTER, SON, DAUGHTER, AUNT, OR UNCLE WITH SEPARATE ADDRESSES.																
PERSONAL REFERENCES		NAME		ADDRESS				CITY/STATE/ZIP				PHONE #		RELATIONSHIP		
	1.															
	2.															
	3.															
	4.															
	5.															
	6.															
HAVE YOU EVER RENTED WITH US BEFORE				HAVE YOU RENTED WITH ANY OTHER COMPANIES?				IF SO WHO?								

**RELEASE OF ADDRESS (LOCATION) INFORMATION TO:** The undersigned below hereby consent(s) to the release of information concerning my (our) address or location to Master's TV's & Appliances. In particular, this release shall permit the disclosure to Master's TV's & Appliances of such information regarding the undersigned in the possession of any agency or department of any state government or the United States of America, or of any other person or agency, or my (our) current or past employer. I (we) understand that certain state and federal laws exist which protect my (our) right to privacy by restricting access to state and federal agency files, or files held by third parties. My (our) signatures below, indicate that I (we) have knowingly and voluntarily waived the protection of state, federal and common law right to privacy laws for the limited purpose of providing address information to

**READ STATEMENT BEFORE SIGNING:** I certify that the information supplied by me on this form is true and correct. I authorize verification of the truthfulness of all information contained herein, including contact with any person or firm listed above, and fully release all parties from all liability for any damage that may result. Any false statement made above shall be sufficient basis for rejection of this order.

I have read and understand the statement printed above. If this order is rejected, I may request the reason(s) for same by sending a self-addressed stamped envelope requesting the reason(s) to the store manager.

X \_\_\_\_\_ Renter 1 X \_\_\_\_\_ Renter 2 \_\_\_\_\_ Date

PROPER ID IS REQUIRED: DL#: \_\_\_\_\_ EXPIRES: \_\_\_\_\_ STATE: \_\_\_\_\_