

CREDIT APPLICATION

Wyatt-Ogg
FURNITURE

727 Main Street / PO Box 389
Downtown West Point, Virginia
804.843.2464
WWW.WYATTOGGFURNITURE.COM

PERSONAL INFORMATION

Last Name _____
Middle Initial _____
First Name _____
SSN _____ - _____ - _____
Date of Birth _____ / _____ / _____
Mailing Address _____
Physical Address _____
City _____ State _____
Zip Code _____
Home Phone () _____ - _____
Email Address _____

EMPLOYMENT INFORMATION

Employer _____
Occupation _____
Address _____
City _____ State _____
Zip Code _____ Years on Job _____
Work Phone () _____ - _____

JOINT ACCOUNT/COSIGNER

Please Return Credit
Application or Fax to
(804)843-4771

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Middle Initial _____
First Name _____
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Zip Code _____
Home Phone () _____ - _____
Email Address _____

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Everything that I have stated in this application is correct to the best of my knowledge. I understand that you will retain this application whether or not it is approved. You are authorized to check my credit and employment history and to answer questions about your credit experience with me.

Applicant

Co-signer

X _____

X _____