



Retailer Name	Phone	Fax
<b>Bi Rite Furniture</b>	<b>(713) 699-8200</b>	<b>(713) 699-8282</b>
Cash price without tax	Delivery Charge	Salesperson
\$	\$	<b>Everett</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:  applicant  co-signer If co-signer, who are you signing with? \_\_\_\_\_

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

Mr./ Ms.	First Name	Last Name	MI	Jr/Sr

Birth Mth	Day	Year	Social Security Number	Email Address	We email payment receipts.
					@

Present Home Address	apt #	City	St.	Zip

Home phone number	Cellphone number	County you live in

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

New Address if moving to Different location	City	St.	Zip

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

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

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)
2. Last bank statement showing all transactions for 30 day period and summary page
3. Invoice
4. Valid government-issued ID
5. Voided check or if no checks, Authorization to verify account numbers.

Please fax to 1-229-294-0441  
Phone 1-800-472-1334

\*If current or previous customer, self employed or Military, call for different requirements

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