

# iLayaway™ Membership Application

Please Print Application Information

**ALL FIELDS MUST BE COMPLETED. ANY FIELD LEFT BLANK WILL RESULT IN A PENDING STATUS.**

**APPLICANT INFORMATION: *Please tell us about yourself.***

FIRST NAME	MIDDLE	LAST NAME	SOCIAL SECURITY #	DATE OF BIRTH (mm/dd/yyyy)
			- -	/ /
ADDRESS	APT #	CITY	STATE	ZIP
HOUSING INFORMATION				
<input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> OTHER				
HOME PHONE #	CELL PHONE #	OTHER PHONE #	E-MAIL (required)	
( )	( )	( )		

**SOURCE OF PRIMARY INCOME**

EMPLOYER

EMPLOYER CITY, STATE

EMPLOYER PHONE / EXT. ( )

SUPERVISOR

JOB TITLE

HIRE DATE (mm/dd/yyyy) / /

MONTHLY INCOME (PERSONAL)

\$

**ACH BANK ACCOUNT INFORMATION (Must be verifiable)**

BANK NAME

CHECKING ACCOUNT #

DATE OPENED (APPROX.) (mm/dd/yyyy) / /

ROUTING # (NINE digit number located on bottom left corner of check)

| | | | | | | | | |

**iLayaway TERMS**

<b>TERMS:</b>	<b>TOTAL PURCHASE:</b>	\$ .	<b>TERM (4-12 mo.):</b>	<b>MONTHS</b>	<b>1ST PMT:</b>	/ /
	<b>LESS DOWN PAYMENT:</b>	\$ .		<b>PAYMENT:</b>		\$ .
	<b>BALANCE DUE:</b>	\$ .	<b>METHOD:</b>	<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS		

BY SIGNING BELOW, I HEREBY: (1) certify that all information I have provided on this application or in connection herewith is true, correct, and complete. I understand that if I cancel my layaway purchase that I will be responsible for a \$29.00 cancellation charge.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
DATE

FAX to: 602-680-3983  
Rev. 062911AZ

