

Credit Application

Amount of credit you are applying for: \$ _____

1. APPLICANT INFORMATION: Please tell us about yourself. Please note that you must reside in the United States and be 18 years or older to apply.

Name (First-Middle-Last) Please Print		Date of Birth / /	Social Security Number - -	Home Phone Number * ()
Mailing Address	Apt.#	City	State	Zip
Cell/Other Phone Number * ()				
If the above address is a P.O. Box, you must provide a street address for yourself or a contact person.				
Contact Person Name	Street	Address (Street Name and Number)	<input type="checkbox"/> Your Address? City	<input type="checkbox"/> Contact Person? State Zip
Housing Information <input type="checkbox"/> PARENTS/ RELATIVE <input type="checkbox"/> OWN	<input type="checkbox"/> RENT <input type="checkbox"/> OTHER	Alimony, child support or separate maintenance income need not be included unless relied upon for credit. You may include the monthly amount that you have available to spend from your assets.	Monthly Net Income From All Sources \$ _____	Employer's Phone Number * ()
Relative Phone Number * ()				
E-Mail Address (optional)*				

2. JOINT APPLICANT INFORMATION: An additional card will be issued to the person indicated below. The applicant (and joint applicant, if any) will be liable for all transactions made on the account including those made by any authorized user. **JOINT APPLICANT:** You agree that we may send notices to you and/or applicant at the applicant's address, regardless of whether you live at that address.

Name (First-Middle-Last) Please Print		Date of Birth / /	Social Security Number - -	Home Phone Number * ()
Mailing Address	Apt.#	City	State	Zip
Cell/Other Phone Number * ()				
If the above address is a P.O. Box, you must provide a street address for yourself or a contact person.				
Contact Person Name	Street	Address (Street Name and Number)	<input type="checkbox"/> Your Address? City	<input type="checkbox"/> Contact Person? State Zip
Housing Information <input type="checkbox"/> PARENTS/ RELATIVE <input type="checkbox"/> OWN	<input type="checkbox"/> RENT <input type="checkbox"/> OTHER	Alimony, child support or separate maintenance income need not be included unless relied upon for credit. You may include the monthly amount that you have available to spend from your assets.	Monthly Net Income From All Sources \$ _____	Employer's Phone Number * ()
E-Mail Address (optional) *				

Federal law requires GEGRB to obtain, verify and record information that identifies you when you open an account. GEGRB will use your name, address, date of birth, and other information for this purpose.

If you apply with a Joint Applicant, each of you will be jointly and individually responsible for obligations under the Agreement and by signing below, you each agree that you intend to apply for joint credit.

Signature of Applicant X _____ Date: _____	Signature of Joint Applicant (If Applicable) X _____ Date: _____
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FOR RETAILER USE ONLY (Validation of Customer I.D.)

RETAILER #		ACCOUNT #		KEY #		AMOUNT OF INITIAL TRANSACTION	
APPLICANT 1 st ID TYPE/NUMBER <input type="checkbox"/> Driver's License <input type="checkbox"/> State Issued <input type="checkbox"/> Federal Government		ISSUANCE STATE	EXP. DATE	APPLICANT 2 nd ID (CREDIT CARD TYPE & ISSUER)		EXP. DATE	
JOINT APPLICANT 1 st ID TYPE/NUMBER <input type="checkbox"/> Driver's License <input type="checkbox"/> State Issued <input type="checkbox"/> Federal Government		ISSUANCE STATE	EXP. DATE	JOINT APPLICANT 2 nd ID (CREDIT CARD TYPE & ISSUER)		EXP. DATE	
RETAILER PHONE #	RETAILER FAX #	APPLICANT SIGNATURE MATCH <input type="checkbox"/> YES <input type="checkbox"/> NO		APPLICANT PHOTO MATCH <input type="checkbox"/> YES <input type="checkbox"/> NO			

Once form is complete, please fax to AllBrands for approval.

1-225-408-7145

Please include a copy of your drivers license along with a second form of identification (eg. credit card) as well.

If you need further assistance please call our customer service department at 1-866-255-2726