

# Mattress Savers

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"/> Live With	

New Address if moving to Different location	City	St.	Z	ip

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 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.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

- This application must be accompanied by the following:**
1. Most recent paystub (must have YTD Info)
  2. Most recent personal checking account statement showing all transactions for 30 day period and summary page
  3. Invoice (if the customer has picked out what they want). Please list, in detail, the items and the purchase price.
  4. Valid Government Issued Picture ID (Drivers License)
  5. Voided Check from the personal checking account. (No starter checks. Personal check must show your name and address)\*
- \*\* Proof of residency may be required in certain circumstances.  
\* Personal check and your drivers license information must match.  
Allow approximately one hour for your application to be processed.

Print this no credit check application, fill in all requested information.  
Bring your completed application with documentation to:  
Mattress Savers 3124 S Dort Hwy, Flint Mi 48507. Call 810-744-9929