



The Northern Credit Application

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SURNAME _____		GIVEN NAMES _____		S.S. No. _____	
WIFES NAME _____		DATE OF BIRTH _____		PHONE _____	
		DAY	MONTH	YEAR	
ADDRESS _____		CITY _____		POSTAL CODE _____	
PREVIOUS ADDRESS _____		CITY _____		POSTAL CODE _____	
EMPLOYER _____		PHONE _____		YEARS _____	
OCCUPATION _____				HOURLY MONTHLY INCOME \$ _____	
SPOUSES EMPLOYER _____		PHONE _____		YEARS _____	
OCCUPATION _____				MONTHLY INCOME \$ _____	
IF APPLICABLE, LIST OTHER INCOME _____					\$ _____
<input type="checkbox"/>	BUYING \$ _____	<input type="checkbox"/>	ROOMING	<input type="checkbox"/>	WIDOW (ER)
					TOTAL MONTHLY INCOME \$ _____
<input type="checkbox"/>	OWNS _____	<input type="checkbox"/>	SINGLE	<input type="checkbox"/>	SEPARATED
<input type="checkbox"/>	RENT \$ _____	<input type="checkbox"/>	MARRIED	<input type="checkbox"/>	DIVORCED
					NO. OF DEPENDANTS' _____
BANK REF. _____		BRANCH _____		ACCT. No. _____	
CREDIT REF. _____		DO. _____		PMTS. _____	
				H/C _____	
				BAL. _____	
				RATING _____	
PERSONAL OR RELATIVE REF. _____		ADDRESS _____			

AGREEMENT: IN CONSIDERATION OF YOUR AGREEING TO GRANT ME (US) CREDIT, I/WE AGREE TO PAY EACH MONTH UPON REC OF STATEMENT FROM YOU, THE SUM SHOWN TO BE OWING THEREON. I/WE AGREE TO PAY SUCH AMOUNT OR AMOUNTS UNTIL BALA ON MY/OUR ACCOUNT IS FULLY PAID. THIS ACCOUNT SHALL BE SUBJECT TO CHARGE FOR THE COST OF CREDIT OR BORROWING ACCORDANCE WITH THE SCHEDULE ATTACHED THERETO. I/WE HEREBY CONSENT TO THE NORTHERN OBTAINING A CREDIT INFORMA' REPORT ON ME/US FROM A CONSUMER REPORTING AGENCY.

DATE _____

SIGNATURE _____