

Casketorium, Inc Credit Application

1. APPLICANT INFORMATION: Please tell us about yourself. Please print.

Name (First, Middle, Last)		DOB	Social Security Number		Home Phone Number ()	
Mailing Address	Apt. No.	City	State	Zip	Cell Phone Number ()	
*If the above address is a PO Box, you must provide a street address for yourself. Street Address	Apt. No.	City	State	Zip	No. Years at Current Address	Alternative Phone No.
If at current address less than 2yrs, provide addresses for past 5 years Street Address	Apt. No.	City	State	Zip	Date at this address	
Street Address	Apt. No.	City	State	Zip	Date at this address	
Street Address	Apt. No.	City	State	Zip	Date at this Address	
Street Address	Apt. No.	City	State	Zip	Date at this Address	
Email Address			Nearest Relative's Name and Phone No.			
Housing Information <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other		Monthly Net Income from All Sources: Alimony, child support or separate maintenance income need not be disclosed unless relied upon for credit \$ _____			Employer Phone Number ()	
Employer Information Name:			Position/Title		No. Years with current employer	
Employer Address		City	State	Zip		

2. APPLICANT: We need your signature below

I am providing the information in this application to Casketorium, Inc., and asking Casketorium, Inc to extend credit to me. By applying for this account, I authorize and agree that:

- Casketorium, Inc may make inquiries it considers necessary, including verification of employment, and requesting reports from consumer reporting agencies and other sources, in evaluating my application, and for purposes of reviewing, maintaining or collecting my account.
- If my application is approved, the Casketorium, Inc Agreement will be sent to me and will govern my account.
- Among other things, the Agreement: (1) INCLUDES AN ARBITRATION PROVISION THAT MAY LIMIT MY RIGHTS UNLESS I REJECT THAT PROVISION UNDER THE AGREEMENT'S INSTRUCTIONS: and (2) makes each applicant responsible for paying the entire amount of credit extended; and (3) grants Casketorium, Inc a security interest in the goods and services purchased on the account as permitted by law.
- This application and Agreement are governed by federal law and California law (to the extent that state law applies).

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

Signature of Applicant

X _____
(Do Not Print)

Date _____

Casketorium, Inc Credit Application (Co-Applicant)

1. CO-APPLICANT INFORMATION: Please tell us about yourself. Please print.

Name (First, Middle, Last)		DOB	Social Security Number		Home Phone Number ()	
Mailing Address	Apt. No.	City	State	Zip	Cell Phone Number ()	
*If the above address is a PO Box, you must provide a street address for yourself. Street Address	Apt. No.	City	State	Zip	No. Years at Current Address	Alternative Phone No.
If at current address less than 2yrs, provide addresses for past 5 years Street Address	Apt. No.	City	State	Zip	Date at this address	
Street Address	Apt. No.	City	State	Zip	Date at this address	
Street Address	Apt. No.	City	State	Zip	Date at this Address	
Street Address	Apt. No.	City	State	Zip	Date at this Address	
Email Address			Nearest Relative's Name and Phone No.			
Housing Information <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other		Monthly Net Income from All Sources: Alimony, child support or separate maintenance income need not be disclosed unless relied upon for credit \$ _____			Employer Phone Number ()	
Employer Information Name:			Position/Title		No. Years with current employer	
Employer Address		City	State	Zip		

2. CO-APPLICANT: We need your signature below

I am providing the information in this application to Casketorium, Inc., and asking Casketorium, Inc to extend credit to me. By applying for this account, I authorize and agree that:

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- This application and Agreement are governed by federal law and California law (to the extent that state law applies).

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

Signature of Co-Applicant (If applicable)

X _____
(Do Not Print)

Date _____