Store Number:		Unit #	Terms in Weeks	Payment
	Order Date			
	Products Requested			
	Delivery Date			
	Delivery Time			
Shaded Areas - Office Use Only	C.O.D $			
	Verified			
	Total			

easyhome® Furnishings

CUSTOMER ORDER FORM

CUSTOMER INFORMATION

First Name	Last Name	Maiden Name	Birthdate	Sex	Driver's License #

Email Address	Number in Household	Social Security #

Address/PO Box #	Apt./Floor	City/State/Zip Code	How long at this address?

Residence In Whose Name? RENT OWN	Average Utility Payment per Month	Monthly Payment	Home #	Cell #

Current Landlord	Landlord's Address	Landlord's City/State/Zip Code	Landlord's Phone #

Previous Address (if less than 6 months)	City/Zip Code	From (Date)	To (Date)

Previous Landlord	Phone #	Car-Make/Model	Monthly Car Payment	Color of Car	License Plate #

Source of Income (Employer)	Job Title	Address	City/State/Zip Code

Hire Date	Work Phone #	Ext. #	Supervisor's Name	Supervisor's Phone #	Ext. #

Next Pay Date	Paid How Often?	Take Home per Month	Additional Income	Source
		$	$	

Co-Applicant/Spouse Info.

Spouse/Co-Applicant	Maiden Name	Birthdate	Relationship	Social Security #

Email Address	Address	City/Zip Code	Spouse/Co-Applicant Phone #	Driver's License #

	Work Phone #	Ext. #	Supervisor's Name	Supervisor's Phone #	Ext. #

Job Title	Hire Date	Next Pay Date	Paid How Often?	Take Home per Month	Additional Income	Source of Additional Income
				$	$	

REFERENCES

	Name/Email Address	Physical Address	City/State/Zip Code	Phone #	Relationship	Years Known
1	Parent's Name Email:					
2	Relative's Name Email:					
3	Relative's Name Email:					
4	Other Email:					
5	Other Email:					
6	Other Email:					

PLEASE COMPLETE THIS MARKETING SECTION SO THAT WE CAN SERVE YOU BETTER

How did you **FIRST** hear about us? (check one only):

1. ☐ Flyer
2. ☐ Postcard
3. ☐ Door Hanger
4. ☐ Repeat Business
5. ☐ Walk-in
6. ☐ Yellow Pages
7. ☐ TV
8. ☐ Radio
9. ☐ Other
10. ☐ Referred By: (Who were you referred by.)

PLEASE READ THIS STATEMENT BEFORE SIGNING

I promise that the information I have provided on this form is correct. I authorize easyhome to obtain information, make inquiries, concerning your information, and complete verification of all information that I have provided. You may contact any person or company listed above and I fully release all liability for any damage that may result. My/(our) signature(s) below indicates that for purpose of verification, I/(we) have voluntarily waived the protection of all rights to privacy laws.

Applicant _____ Co-Applicant/Spouse _____ Date _____