

ASSET MANAGEMENT COMPANY LIMITED

Suite #3, 16 Hope Road, Kingston 10  
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Facsimile: 906-0042 | Website: www.ezeeas123.com

eZEE123 FURNITURE and APPLIANCES  
APPLICATION FORM

CUSTOMER DETAILS

**TITLE:** (Mr./Ms./Mrs./Dr./Prof) \_\_\_\_\_ Surname \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Maiden/Alias Name \_\_\_\_\_

**Present Home Address:** \_\_\_\_\_

**Time at Address:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_ **Parish/ City:** \_\_\_\_\_ **Country:** \_\_\_\_\_

**Directions:** \_\_\_\_\_

**Gender:** Male  Female  **Number of Dependants** \_\_\_\_\_ **E-MAIL:** \_\_\_\_\_

**Previous Home address (If less than five years above):** \_\_\_\_\_

**Time at Address:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_ **Parish/ City:** \_\_\_\_\_ **Country:** \_\_\_\_\_

**Residential Status:** Owner (paying mortgage)  Owner (fully paid for)  Family residence  Renting   
Living with Parents  Leasing/Sharing  Other: \_\_\_\_\_

**Landlord Name:** \_\_\_\_\_ **Landlord Phone#:** Home: \_\_\_\_\_ Work: \_\_\_\_\_

**Proof of Address:** Current Utility Bill  Mortgage/Rent Receipt  Other: \_\_\_\_\_

**Telephone#:** Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

**Nationality:** \_\_\_\_\_ **Date of Birth (MM/DD/YYYY):** \_\_\_\_/\_\_\_\_/\_\_\_\_

**ID#:** \_\_\_\_\_ **Expiry Date:** \_\_\_\_\_ **Drivers License:**  **Passport:**  **Voter's/National ID:**

**TRN:** \_\_\_\_\_ **Marital Status:** Single  Married  Divorced  Separated  Common Law  Widow

EMPLOYMENT DETAILS

**Employment Status:** Employed  Self Employed  Unemployed  Student  Retired

**Occupation:** \_\_\_\_\_ **Employer:** \_\_\_\_\_

**Supervisor Name:** \_\_\_\_\_ **Employed Since (MM/DD/YYYY):** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Employer Address:** \_\_\_\_\_

**Previous Employment Status:** Employed  Self Employed  Unemployed  Student  Retired

**Occupation:** \_\_\_\_\_ **Employer:** \_\_\_\_\_

**Supervisor Name:** \_\_\_\_\_ **Employed Since (MM/DD/YYYY):** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Employer Address:** \_\_\_\_\_

**Time at previous employment:** \_\_\_\_\_

INCOME DETAILS

**Bank Name:** \_\_\_\_\_ **Account Type:** Checking  Savings  Other: \_\_\_\_\_

**Branch:** \_\_\_\_\_ **Account #:** \_\_\_\_\_

**Date Opened:** \_\_\_\_\_ **Bank Loan? Yes:**  **No:**  **Loan balance (if yes):** \_\_\_\_\_

**Proof of Income:** Two(2) Pay slips:  Job Letter:  Two(2) Months Bank Statements:  Record/Receipt Book:

**Net Monthly Income:** \$ \_\_\_\_\_ **Total Expenses:** \$ \_\_\_\_\_ **Disposable Income:** \$ \_\_\_\_\_

**Additional Income:** \$ \_\_\_\_\_ **Source of Additional Income:** \_\_\_\_\_

**EXPENSES:**

**Electricity:** \$ \_\_\_\_\_ **Water:** \$ \_\_\_\_\_ **Food:** \$ \_\_\_\_\_ **Rent/Mortgage:** \$ \_\_\_\_\_

**Cable:** \$ \_\_\_\_\_ **Telephone:** \$ \_\_\_\_\_ **Credit Card:** \$ \_\_\_\_\_ **Loans:** \$ \_\_\_\_\_

**Other:** \$ \_\_\_\_\_ **Adjusted income where necessary** \$ \_\_\_\_\_

**Item purchased:** \_\_\_\_\_ **Monthly Installment:** \_\_\_\_\_ **Term:** \_\_\_\_\_

SPOUSE DETAILS

TITLE: (Mr./Ms./Mrs./Dr./Prof) Surname First Name Middle Name Maiden/Alias Name

Present Home Address: \_\_\_\_\_

Time at Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Parish/ City: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone#: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

Known since (MM/DD/YYYY): \_\_\_\_\_

Employment Status: Employed  Self Employed  Unemployed  Student  Retired

Employer: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Employed Since (MM/DD/YYYY): \_\_\_\_/\_\_\_\_/\_\_\_\_

Employer Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

REFERENCE DETAILS

**NAME AND ADDRESS OF RELATIVE NOT LIVING WITH YOU:**

TITLE: (Mr./Ms./Mrs./Dr./Prof) Surname First Name Middle Name Maiden/Alias Name

Present Home Address: \_\_\_\_\_

Time at Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Parish/ City: \_\_\_\_\_ Country: \_\_\_\_\_

Directions: \_\_\_\_\_

Telephone#: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

Employer's name and work address: \_\_\_\_\_

Relationship to customer: \_\_\_\_\_ Years known to customer: \_\_\_\_\_ Occupation: \_\_\_\_\_

**NAME OF A FRIEND NOT LIVING WITH YOU:**

Name: \_\_\_\_\_ Contact#: \_\_\_\_\_ Years known to you: \_\_\_\_\_

Home Address: \_\_\_\_\_ Occupation: \_\_\_\_\_

Directions: \_\_\_\_\_

Telephone#: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

Employers name and work address: \_\_\_\_\_

Relationship to customer: \_\_\_\_\_ Years known to customer: \_\_\_\_\_ Occupation: \_\_\_\_\_

**NOTE: AT LEAST ONE OF YOUR REFERENCES SHOULD HAVE A LAND LINE NUMBER (HOME OR WORK)**

TERMS & CONDITIONS: I/We certify that all statements made in this application are true and complete and are submitted for the purposes of obtaining credit. I/We authorize Asset Management Company Limited to obtain such information or verification as required concerning the statements made in this application and from any credit reporting agency. I/We agree that the application shall remain Asset Management's Company Limited property whether it is approved or not.

Customer Signature \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/20\_\_ )

Guarantor's Signature (when required) \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/20\_\_ )

Referred by \_\_\_\_\_

**FOR USE BY ASSET MANAGEMENT COMPANY PERSONNEL ONLY**

<input type="checkbox"/> Completed & signed by main applicant	<input type="checkbox"/> Address confirmation	Prepared by: _____ Date: ____/____/____	Signature: _____
<input type="checkbox"/> Salary deduction/ Standing order	<input type="checkbox"/> Proof of Income	Checked by: _____ Date: ____/____/____	Signature: _____
<input type="checkbox"/> Reference(s) for main/ joint applicant holder	<input type="checkbox"/> ID & TRN of signatories	Approved by: _____ Date: ____/____/____	Signature: _____
<input type="checkbox"/> Security (where applicable)	<input type="checkbox"/> Loan Agreement		
	<input type="checkbox"/> Promissory Note		