



**APLICACION DE CREDITO  
TV TOWNE, INC.**

FECHA \_\_\_\_\_

NOMBRE COMPLETO \_\_\_\_\_ FECHA DE NACER \_\_\_\_\_

NOMBRE DE ESPOSO (A) \_\_\_\_\_ FECHA DE NACER \_\_\_\_\_

NUMERO DE TELÉFONO \_\_\_\_\_ TELÉFONO DEL TRABAJO \_\_\_\_\_

DIRECCION \_\_\_\_\_  
CIUDAD \_\_\_\_\_ ESTADO \_\_\_\_\_ ZIP CODE \_\_\_\_\_

¿CUÁNTO TIEMPO HA VIVIDO EN ESTA DIRECCIÓN? \_\_\_\_\_ ANOS \_\_\_\_\_ MES

NOMBRE DEL RENTERO \_\_\_\_\_

DIRECCION DEL RENTERO \_\_\_\_\_ TELÉFONO \_\_\_\_\_

DONDE VIVIA USTED ANTES? \_\_\_\_\_

REFERENCIAS PERSONALES (DE FAMILIARES, AMIGOS, VECINOS, COMPAÑEROS DE TRABAJO)

NOMBRE	DIRECCION	TELÉFONO	RELACION
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EMPLEO \_\_\_\_\_

NOMBRE DEL PATRON \_\_\_\_\_ DIRECCION \_\_\_\_\_

TIPO DE TRABAJO \_\_\_\_\_ TELÉFONO \_\_\_\_\_

SEGURO SOCIAL \_\_\_\_\_ CUANTO TIEMPO \_\_\_\_\_

EMPLEO DE ESPOSA \_\_\_\_\_ TELEFONO \_\_\_\_\_

TIPO DE TRABAJO \_\_\_\_\_ CUANTO TIEMPO \_\_\_\_\_

SEGURO SOCIAL \_\_\_\_\_

REFERENCIAS DE CREDITO \_\_\_\_\_

NOMBRE	DIRECCION	BALANZA	DE PAGOS	MENSUALES
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

NÚMERO DE LICENCIA DE CONDUCIR \_\_\_\_\_

MARCA DEL CARRO \_\_\_\_\_ MODELO \_\_\_\_\_

ANO \_\_\_\_\_ NUMERO DE LAS PLACAS \_\_\_\_\_

FIRMA \_\_\_\_\_



# TV TOWNE

## RELEASE OF INFORMATION TO TV. TOWNE, INC.

THE UNDERSIGNED, BY SIGNATURE BELOW CONSENT(S) TO THE RELEASE OF INFORMATION REGARDING MY (OUR) ADDRESS OR LOCATION IN THE STATE OF WASHINGTON, OR OTHER STATE OF RESIDENCY, TO AUTHORIZED REPRESENTATIVES OR AGENTS OF T.V. TOWNE, INC. PURSUANT TO THE RETAIL INSTALLMENT CONTRACT AND SECURITY AGREEMENT EXECUTED BY THE UNDERSIGNED ON (DATE) \_\_\_\_\_ . THIS RELEASE SHALL BE EFFECTIVE FOR 24 MONTHS FROM THIS DATE, TO ALLOW T.V. TOWNE, INC. TO OBTAIN ADDRESS INFORMATION FROM ANY STATE OR FEDERAL AGENCY HAVING SAME, INCLUDING, WITHOUT LIMITATION, WASHINGTON STATE DEPARTMENT OF SOCIAL AND HEALTH SERVICES, MOTOR VEHICLES, EMPLOYMENT SECURITY OR UNITED STATE SOCIAL SECURITY AND VETERANS ADMINISTRATION OR ANY OTHER PERSONS OR ORGANIZATIONS HAVING SAME. I (WE) UNDERSTAND THAT CERTAIN STATE AND FEDERAL LAWS EXIST WHICH PROTECT MY (WE) UNDERSTAND THAT CERTAIN STATE AND FEDERAL LAWS EXIST WHICH PROTECT MY (OUR) RIGHT TO PRIVACY BY RESTRICTING ACCESS TO STATE AND FEDERAL AGENCY FILES. MY (OUR) SIGNATURE(S) BELOW INDICATE THAT I (WE) HAVE KNOWINGLY AND VOLUNTARILY WAIVED THE PROTECTION OF STATE AND FEDERAL RIGHT TO PRIVACY LAWS FOR THE LIMITED PURPOSE OF PROVIDING ADDRESS INFORMATION TO T.V. TOWNE, INC.

DATED \_\_\_\_\_ .

BUYER \_\_\_\_\_

BUYER \_\_\_\_\_

T.V. TOWNE REPRESENTATIVE \_\_\_\_\_