Credit Application

Carpet Depot Family Flooring Center SERVING NORTHEAST CINCINNATI SINCE 1995

10606 Loveland-Madeira Rd. • Loveland, OH 45140 513.583.0668

Name:	Telephone Number: _()
Address:	Apt. /Suite #:
City: State / Zip:	E-mail:
Date of Birth:/ Social Secu	rity Number:
<u>Em</u> r	oloyment Information
<u>Current</u> <u>Employer</u>	
Company Name:	Telephone Number: _()
Business Address:	Time in Position:
Position Held:	_ Salary: Hourly / Monthly
<u>Previous</u> <u>Employer</u>	
Company Name:	Telephone Number: _()
Business Address:	Time in Position:
Position Held:	_ Salary: Hourly / Monthly
<u>B</u>	Bank Information
Name of Bank:	Branch:
Bank Contact:	Telephone Number: _()
Type of Account: CheckingSavings	
If yes, please explain:	
	Talanhara Number: ()
	Telephone Number: _()
	E-mail:
	Telephone Number: _()
	E-mail:
	Telephone Number: _()
Address:	E-mail:
Signature:	Date: