



# Best Buy

Automotive Equipment

Locations Across the Nation  
Phone: 800-647-7883 FAX: 951-296-3861

## APPLICATION AND CREDIT CARD AGREEMENT

**For WI residents:** If you are applying for individual credit or joint credit with someone who is not your spouse, combine your and your spouse's financial information on the application form.

FAX:

**Upon completion, please FAX back to us at: 951-296-3861**

Amount to Finance:

☐ 6 Month, No Interest Financing

☐ 12 Month, No Interest Financing (3% Documentation Fee)

### 1. APPLICATION INFORMATION: Please tell us about yourself.

Name (First-Middle-Last) Please Print		Date of Birth / /		Social Security Number - -		Phone Number ( )	
Mailing Address		Apt.#	City	State	Zip	Time at Address Years _____ Months _____	
						Cell/Other Phone Number ( )	
* If the above address is a P.O. Box, you <b>must</b> provide a street address for yourself or a contact person. Contact Person Name _____ Street Address (Street Name and Number) _____				<input type="checkbox"/> Your Address? <input type="checkbox"/> Contact Person?		City _____ State _____ Zip _____	
Housing Information <input type="checkbox"/> PARENTS/RELATIVE <input type="checkbox"/> RENT <input type="checkbox"/> WON <input type="checkbox"/> OTHER		Alimony, child support or separate maintenance income need not be disclosed unless relied upon for credit.		Monthly Net Income From All Sources \$ _____		Time at Job Years _____ Months _____	
				Employer's Phone Number ( )		Relative's Phone Number ( )	
E-Mail Address (optional)				By providing an e-mail address, I consent to receive e-mail communications about my account and authorize you to provide my e-mail address to the retailer/dealer/merchant where I applied and the retailer/dealer/merchant where my credit card is honored so that I may receive such communications, offers and updates.			

### 2. CO-APPLICANT INFORMATION: (COMPLETE ONLY IF CO-APPLICANT IS REQUESTING A CREDIT CARD)

Name (First-Middle-Last) Please Print		Date of Birth / /		Social Security Number - -		Phone Number ( )	
Mailing Address		Apt.#	City	State	Zip	Time at Address Years _____ Months _____	
						Cell/Other Phone Number ( )	
* If the above address is a P.O. Box, you <b>must</b> provide a street address for yourself or a contact person. Contact Person Name _____ Street Address (Street Name and Number) _____				<input type="checkbox"/> Your Address? <input type="checkbox"/> Contact Person?		City _____ State _____ Zip _____	
Housing Information <input type="checkbox"/> PARENTS/RELATIVE <input type="checkbox"/> RENT <input type="checkbox"/> WON <input type="checkbox"/> OTHER		Alimony, child support or separate maintenance income need not be disclosed unless relied upon for credit.		Monthly Net Income From All Sources \$ _____		Time at Job Years _____ Months _____	
				Employer's Phone Number ( )		Relative's Phone Number ( )	
E-Mail Address (optional)				By providing an e-mail address, I consent to receive e-mail communications about my account and authorize you to provide my e-mail address to the retailer/dealer/merchant where I applied and the retailer/dealer/merchant where my credit card is honored so that I may receive such communications, offers and updates.			

### 3. TWO FORMS OF IDENTIFICATION (APPLIES TO EACH APPLICANT)

APPLICANT	
Drivers License Number:	Credit Card Type: (e.g. Visa, MasterCard, etc.)
Expiration Date:	Card Issuer: (e.g. Chase, BofA, etc.)
State Issued:	Expiration Date:

CO-APPLICANT (IF APPLICABLE)	
Drivers License Number:	Credit Card Type: (e.g. Visa, MasterCard, etc.)
Expiration Date:	Card Issuer: (e.g. Chase, BofA, etc.)
State Issued:	Expiration Date:

Signature of Applicant

Signature of Co-Applicant (If Applicable)

X \_\_\_\_\_ Date \_\_\_\_\_

X \_\_\_\_\_ Date \_\_\_\_\_