Please print this form and fax it to 813-948-1069

GreenLawnMagic™ Grass painting Systems A care free, rich green lawn all year round

Please print this application and fax it to Marcos at fax: 813-948-1069: phone 813-948-2229
greenlawnmagic.com

19444

PLEASE PRINT PLAINLY

Merchant Fax Number ( ) - Cannot process without fax number.

Sales Person ID

FAILURE TO PROVIDE THE AMOUNT OF CREDIT REQUESTED MAY RESULT IN AN INSUFFICIENT CREDIT LIMIT ASSIGNMENT.

Amount of Credit Requested

Date: / /

Last Name | First Name | MI | Suffix

Date of Birth / / | Social Security Number - - | Home Phone ( ) -

Present Address (Street Address, including Apartment Number if applicable or P.O. Box Number)

City | State | Zip | Alternate Phone ( ) -

Time At Address Yrs. Mos. ☐ Buying ☐ Own ☐ Rent | Value Of Home , , | Mortgage Balance , , | Mo. Rent/Mtg. Pmt.

PRESENT EMPLOYER (Name of Company) | Employer's Phone ( ) -

NOTE: Alimony, Child Support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.

Income from all sources ☐ Gross ☐ Net ☐ Monthly ☐ Annual | Occupation or Title | Time At Employer Yrs. Mos.

◯ I would like to receive information about AGFS special offers and promotions at this email address.
◯ I do not want to receive information about AGFS special offers and promotions at this email address.

Email Address

Credit Applied For: ☐ Joint ☐ Individual (A married applicant may apply for an individual account.)

Last Name of Co-Applicant | First Name | MI | Suffix

Date of Birth / / | Social Security Number - - | Home Phone ( ) -

If present address and phone number are the same as above, check here: ☐ | Relationship to Applicant: ☐ Spouse ☐ Non-spouse

Present Address (Street Address, including Apartment Number if applicable or P.O. Box Number)

City | State | Zip | Time At Address Yrs. Mos.

NOTE: Alimony, Child Support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.

PRESENT EMPLOYER (Name of Company) | Income from all sources ☐ Gross ☐ Net ☐ Monthly ☐ Annual

Time At Employer Yrs. Mos. | Occupation or Title | Employer's Phone ( ) -

APPLICANT/JOINT APPLICANT : Please read and sign below.

Seller will submit your application to American General Financial Services, Inc. (AGFS), P.O. Box 59, Evansville, IN 47701, or its affiliate, which may buy your Retail Installment Sales Contract. If this application is not approved by American General Financial Services, Inc. (AGFS), you authorize AGFS and/or the merchant to furnish all of your application information to other possible financing sources, including affiliates of AGFS, for credit programs other sources may offer and you authorize such other sources to make inquiries about you they consider necessary or desirable (including obtaining your consumer report from consumer reporting agencies) in evaluating you for credit. You understand that the terms and conditions of credit extended by another lender may differ from the terms and conditions of the credit for which you originally applied. You are not obligated to accept an offer from our affiliate or any other creditor.

AGFS may share with its affiliates any information regarding you or your application, acceptance, or credit experience with AGFS. However, you may request that this information not be shared with affiliates by notifying AGFS by mail or phone at the location shown above or by initialing this box: ☐
Please DO NOT share information about me with your affiliates.

AGFS may investigate your creditworthiness (including obtaining credit reports and verifying employment information). AGFS may request a consumer report from consumer reporting agencies in considering your credit application. AGFS may use any credit report obtained in connection with this application for future credit offers.

FROM TIME TO TIME, AGFS WILL NOTIFY YOU WHEN ADDITIONAL FINANCIAL SERVICES ARE AVAILABLE, BY TELEPHONE AND/OR MAIL, AND THAT SUCH SERVICES MAY INCLUDE NEGOTIABLE CHECKS WHICH YOU MAY ENDORSE TO OBTAIN A LOAN, OR DESTROY IF YOU DO NOT WISH TO ACCEPT THE LOAN OFFER. IF YOU DO NOT WISH TO RECEIVE THESE SOLICITATIONS, PLEASE STRIKE AND INITIAL THIS PARAGRAPH.

NEW YORK, OHIO, AND WISCONSIN RESIDENTS: SEE REVERSE SIDE FOR IMPORTANT INFORMATION.

Applicant's Signature | Date | Co- Applicant's Signature | Date

Seller's Name | Seller's Merchandise

Drivers License # | Agent

19444

MERCHANT USE ONLY

069-00116A Retail and Home Solicitation Application (REV. 11-07)