



# Best Buy

*Automotive Equipment*

42660 Rio Nedo, Temecula, CA 92590  
800-647-7883 fax: 951-296-3861  
[www.bestbuyautoequipment.com](http://www.bestbuyautoequipment.com)  
Warehouses and shipping locations across the U.S.

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

FINANCE APPLICATION

**From:**

**Fax:**

**Phone:**

**Date:**

**Amount to Finance:**

After completing the 6 Month Financing application, please provide 2 forms of identification:

<b>Drivers License Number:</b>	<b>Card Type:</b> (e.g. Visa, MasterCard, etc.)
<input type="text"/>	<input type="text"/>
<b>Expiration Date:</b>	<b>Card Issuer:</b> (e.g. Chase, BofA, etc.)
<input type="text"/>	<input type="text"/>
<b>State Issued:</b>	<b>Expiration Date:</b>
<input type="text"/>	<input type="text"/>

Please fax this form back to us with the completed 6 Month Financing application.

Fax: 951-296-3861

Questions? Call Jeff Tanner at 1-800-647-7883 ext. 219

Thank you!

# 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.

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

Name (First-Middle-Last) Please Print		Date of Birth / /		Social Security Number - -		Home 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. <input type="checkbox"/> Your Address? <input type="checkbox"/> Contact Person?							
Contact Person Name		Street Address (Street Name and Number)				City State Zip	
Housing Information <input type="checkbox"/> PARENTS/RELATIVE <input type="checkbox"/> RENT <input type="checkbox"/> OWN <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 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 - -		Home 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. <input type="checkbox"/> Your Address? <input type="checkbox"/> Contact Person?							
Contact Person Name		Street Address (Street Name and Number)				City State Zip	
Housing Information <input type="checkbox"/> PARENTS/RELATIVE <input type="checkbox"/> RENT <input type="checkbox"/> OWN <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 \$ _____		Employer'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. APPLICANT and CO-APPLICANT: We need your signature(s) below

Signature of Applicant	Signature of Co-Applicant (if Applicable)
X _____ Date _____	X _____ Date _____

### FOR RETAILER USE ONLY (Validation of Customer I.D.)

VERIFIED BY: \_\_\_\_\_

RETAILER #		ACCOUNT #		KEY #		AMOUNT OF INITIAL TRANSACTION	
APPLICANT 1 <sup>st</sup> ID TYPE/NUMBER <input type="checkbox"/> Driver's License <input type="checkbox"/> State Issued <input type="checkbox"/> Federal Government		ISSUANCE STATE		EXP. DATE		APPLICANT 2 <sup>nd</sup> ID (CREDIT CARD TYPE & ISSUER)	
CO-APPLICANT 1 <sup>st</sup> ID TYPE/NUMBER <input type="checkbox"/> Driver's License <input type="checkbox"/> State Issued <input type="checkbox"/> Federal Government		ISSUANCE STATE		EXP. DATE		CO-APPLICANT 2 <sup>nd</sup> ID (CREDIT CARD TYPE & ISSUER)	
RETAILER PHONE #		RETAILER FAX #		APPLICANT SIGNATURE MATCH <input type="checkbox"/> YES <input type="checkbox"/> NO		APPLICANT PHOTO MATCH <input type="checkbox"/> YES <input type="checkbox"/> NO	