

YOUTH PURCHASE PROGRAM CREDIT APPLICATION

PERSONAL DATA

Date of Application

Name of Youth Shooter (last, first, middle)

Birthdate

Social Security Number

Drivers License Number

Name of Parent/Guardian (last, first, middle)

Social Security Number

Street Address (if different)

City

State

Zip

Years

Home Phone ()

Work Phone ()

Cell Phone ()

Email Address:

Have you ever declared Bankruptcy?

Had a Repossession?

Judgement?

Explain

Shooting Association- Membership Number

EMPLOYMENT HISTORY

Employer

Years at this Company

Address

City

State

Zip

Phone ()

Title

Salary/Wages (Gross)

Previous Employer

Years at this Company

Address

City

State

Zip

PERSONAL & CREDIT REFERENCES

Personal Reference - Name

Relationship

Address

City

State

Zip

Name of Creditor/Credit Card

Account Number

Name of Bank

Phone Number

I certify that the statements herein are true and that I am not liable for any debts, other than those listed. Europa Corporation, d.b.a. duPONT/KRIEGHOFF is authorized to obtain any information which deems necessary for consideration of the credit request and during the credit transaction, if approved.

Signature of Youth Shooter

Date

Signature of Applicant (Parent or Guardian)

Date