



Holiday Smart Savings Credit Card APPLICATION



Complete and mail this easy application!

MAIL TO: Holiday Credit Department • PO Box 1216 • Minneapolis, MN 55440

FAX TO: 952-921-5295 • If you have any questions, call 1-800-745-7411, ext. 5204

▶ APPLICANT INFORMATION

First Name _____ MI _____ Last Name _____

DOB ___/___/_____ SSN ___-___-_____ Email Address _____

Address _____ Apt # _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____

I have lived at this address for _____ years.

▶ EMPLOYMENT AND INCOME

Employer _____ City _____ State _____

Position _____ Time in Present Position _____

Monthly Salary _____ Employer Phone Number _____

▶ OTHER INCOME

Source _____ Amount _____ Frequency _____

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

▶ JOINT APPLICANT INFORMATION

First Name _____ MI _____ Last Name _____

DOB ___/___/_____ SSN ___-___-_____

Employer _____ City _____ State _____

Monthly Salary _____ Employer Phone Number _____

▶ SIGNATURE AND CUSTOMER AGREEMENT

By signing below, I certify that I have read and agree to the terms and conditions of the Card Member Agreement available at www.holidaystationstores.com/SmartCard/Agreement.pdf. I affirm that the statements made in this application are true and accurate. You may check credit information about me with credit bureaus and others.

Applicant Signature _____ Date _____

Joint Applicant Signature _____ Date _____

OFFICE USE ONLY

ACCT #	TYPE
# OF CARDS	LIMIT
OK'D BY	DATE
STORE #:	