

Rogers & Hollands®
Ashcroft & Oak®


ZERO
DOWN PAYMENT*
ON SELECT PLANS


ACCOUNTHOLDER
LOYALTY MEMBER
**REWARDS
PROGRAM**


HASSLE-FREE
PAY IN-STORE
OR ONLINE



rogersandhollands.com

*Subject to credit approval and availability. See associate for complete details. Jewelry enlarged to show detail. Promotions subject to change at any time. The Ampersand design is a trademark of Rogers Enterprises, Inc. R232 9/25



Start forever
today.

Pay tomorrow.



RETAIL ACCOUNT
APPLICATION

Rogers & Hollands®
Ashcroft & Oak®
For Now & Forever

Rogers & Hollands®
Ashcroft & Oak®

RETAIL ACCOUNT APPLICATION

STORE:

ACCT. NO. 601801-	OFFICE USE ONLY *	SALE AMT.**	DOWN PMT./TRADE	NET SALE
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STORE USE ONLY: Identification Required: a valid photo ID from ALL applicants.

Valid Photo ID (check one) ☐ Driver's License ☐ State ID	☐ Military ID ☐ Passport	Photo ID#	Photo ID State	Expiration Date of Photo ID	ID Verified by:
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APPLICANT - Please read the following before completing this form: (1) Applicant represents that the information given in this Application is complete and accurate and authorizes us to check with credit reporting agencies, credit references and other sources disclosed herein in investigating the information given; (2) Applicant requests a Credit Card if it is our practice to provide one; (3) Married applicants may apply for an individual Account; (4) Applicant represents that this Account will only be used for personal, family or household purposes; (5)**Sale amount - this figure does not reflect the amount of credit applied for; it reflects purchase price of merchandise only. READ RETAIL ACCOUNT AGREEMENT AND SIGN BELOW BEFORE SUBMITTING APPLICATION.

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First Name	M.I.	Last Name	D.O.B.	SSN
Street Address	Apt. #		Do You: (Check One) ☐ Own ☐ Rent ☐ Other	Mortgage Company
City	State	Zip	How Long ____Yrs. ____Mos.	Home Phone ()
E-Mail Address			Relative	Relative Phone ()
Place of Employment	How Long ____Yrs. ____Mos.	Phone ()	Gross Annual Income \$	

*Alimony, child support or separate maintenance income need not be disclosed unless relied upon for credit.

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First Name	M.I.	Last Name	D.O.B.	SSN
Street Address	Apt. #		Home Phone ()	
City	State	Zip	D.L. #	
Place of Employment	How Long ____Yrs. ____Mos.	Phone ()	Gross Annual Income \$	

STATE LAW REQUIRES US TO GIVE YOU THE FOLLOWING NOTICES: You give us permission to request a consumer report from consumer reporting agencies in considering this Application and subsequently for the purpose of an update, renewal or extension of credit or reviewing or collecting the account. Upon applicant's request, we will inform applicant of the name and address of each consumer reporting agency from which we obtain a consumer report, if any, relating to applicant and joint applicant. **Wisconsin Residents:** No provision of a marital property agreement, a unilateral statement under Sec. 766.59, Wis. Stats., or a court decree under Sec. 766.70, Wis. Stats., adversely affects the interest of the creditor unless **before** credit is granted, the creditor is furnished a copy of the agreement, statement or decree or has actual knowledge of the adverse obligation when the obligation to the creditor is incurred.

We are required to ask married residents of Wisconsin who have applied for individual credit to give us the following information:

Name of Spouse: _____ Address of Spouse: _____

ACKNOWLEDGEMENT OF RETAIL ACCOUNT AGREEMENT ("AGREEMENT")

PLEASE SIGN BELOW By signing below, I certify that I have received and read and agree to the RETAIL ACCOUNT AGREEMENT. I agree to be bound by its terms and conditions, and I grant a security interest in the goods I purchase on my account.			
Applicant's Signature	Date	Joint Applicant's Signature	Date

This application and agreement were printed in October 2023 and are accurate as of that date but may have been changed after that date.
To find out what may have changed, write us at Rogers & Hollands, P.O. Box 879, Matteson, IL 60443.

5232 (9/25) 48-4 F.D.

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