

24 HOUR Order Form

EZ Bed Application on Back Mail • Phone • Fax • Email Your Order Today!



Mail

Sun Company Inc.
876 Holliston Mills Road
Church Hill, TN 37642



Toll Free
800-382-8932
Local: 423/357-0680



Fax or e-mail/24 hours
423/357-9837
sales@suncotanning.com
(lotions, lamps, accessories)

Daytime Phone Number** () _____

Orders without phone numbers may not be processed

BILLING ADDRESS

Name _____

Address _____

City _____

State _____ Zip _____

Phone No. _____

Contact Name _____

SHIPPING ADDRESS

If other than billing address

Name _____

Address _____

City _____

State _____ Zip _____

Phone No. _____

Minimum Order of \$25.00. Prices in catalog subject to change without notice.

QUANTIT Y	ITEM#	PRODUCT NAME	SIZE	COST (EACH)	TOTAL

1. Fill out mailing and shipping address completely. Be sure to include phone number.
2. Fill out quantity, item number, product name and size to insure order is filled accurately.
3. Check method of payment on how you will be paying for your order. If paying by credit card be sure to

4. Add up all charges including merchandise, tax, shipping or if you will be paying by C.O.D.
5. Your product will be on the way within 1-4 business days depending on location of shipping address.

PAYMENT METHOD check one

Check Money Order C.O.D. Check by Phone
 Visa MasterCard Discover American Express

Credit Card Number _____

Expiration Date _____ Name on Card _____

Signature _____

Total Merchandise	
Sales Tax 9.75%	
Shipping (see chart)	
C.O.D. Order \$7.50	
GRAND TOTAL	

Shipping Chart

Total Amount	Charges
\$1 - \$99.00 Dollars	\$7.95
\$100.00 - \$199.00	\$9.95
Over \$200.00 (except beds)	FREE
Lamps (per case)	\$21.95

___ Check here for more order forms

We appreciate your business!

EZ TANNING BED APPLICATION

Sunsour ce Financial • P.O . Box 2461 • Church Hill, TN 37642
 Phone: 423-357-0661 • Fax: 423-357-9837 • E-Mail: sales@suncotanning.com

APPLICANT INFORMATION							
LAST NAME		FIRST		INITIAL	BIRTH DATE	SOCIAL SECURITY NO .	
PRESENT ADDRESS (NUMBER & STREET) (NEED MINIMUM 2 YEARS)				CITY	ST ATE	ZIP	COUNTY
HOME PHONE NUMBER		MONTHLY P AYMENT	MOBILE HOME LOT RENT	MORTGAGE HOLDER/LANDLORD/ADDRESS/A CCOUNT#			
		<input type="checkbox"/> OWN OR BUYING HOME <input type="checkbox"/> RENT <input type="checkbox"/> OTHER	\$				

APPLICANT'S EMPL OYMENT AND OTHER INCOME							
APPLICANT'S EMPL OYER (NEED MIN. 2 YEARS)		BUSINESS ADDRESS			CITY	STATE	ZIP
OCCUPATION	DATE HIRED	NET SALARY	<input type="checkbox"/> WEEK <input type="checkbox"/> MONTH	PAY DATES	BUSINESS TELEPHONE/EXTENSION		
PREVIOUS EMPL OYER	CITY/STATE	HOW LONG	PREVIOUS EMPL OYER	CITY/STATE	HOW LONG		
OTHER INCOME (INCOME FROM ALIMONY , CHILD SUPPOR T, OR SEPAR ATE MAINTENANCE P AYMENTS NEED NOT BE DISCLOSED IF YOU DO NOT WISH TO HAVE IT CONSIDERED AS A BASIS FOR REP AYING THE OBLIGATION)							
MONTHLY \$		SOURCE			HAVE YOU EVER FILED FOR BANKRUPTCY? YES NO		

SPOUSE/ADDITIONAL PAR TY INFORMATION							
LAST NAME		FIRST		INITIAL	RELATIONSHIP	BIRTH DATE	SOCIAL SECURITY NO .
SPOUSES' EMPL OYER (NEED MINIMUM 2 YEARS)				BUSINESS ADDRESS		CITY	STATE
OCCUPATION		DATE HIRED	NET SALAR Y	<input type="checkbox"/> WEEK <input type="checkbox"/> MONTH	PAY DATES	BUSINESS TELEPHONE/EXTENSION	
PREVIOUS EMPL OYER	CITY/STATE	HOW LONG	PREVIOUS EMPL OYER	CITY/STATE	HOW LONG		

BANK INFORMATION:

CHECKING A CCOUNT INFORMATION:

NAME OF BANK _____ ACCOUNT # _____

SAVINGS A CCOUNT INFORMATION:

NAME OF BANK _____ ACCOUNT # _____

For the purpose of securing credit from you, I/We make the above representations and I/we certify that the above information is true and complete to the best of my knowledge and that I/we have attained the age of majority. You are authorized to check my/or credit history and employment and to answer questions about your credit experience with me/us. By signing below, I/we certify under penalty of perjury that the social security number(s) shown is/are correct.

Applicant Signature _____

Co-Applicant Signature _____

Date _____

Date _____