



Information Page

LOCATION: _____

TAKEN BY: _____

PRIMARY RENTER INFORMATION

Name (Last, First, Middle Initial)		Date of Birth	Social Security Number		Phone Number
Address	Apartment #	City	State	Zip Code	How Long?
Do you Own or Rent your home?	If owned, is it paid off?	If not paid off, what is the mortgage/finance company name?			
If renting, current landlord name	Landlord Phone Number	Rent/Mortgage Payment Amount	Date Rent/Mortgage Payment Due		
IF LENGTH OF TIME AT CURRENT ADDRESS IS LESS THAN 2 YEARS, GIVE PREVIOUS ADDRESS					
Previous Address	City	State	Zip Code	Previous Landlord Name	Phone #
Drivers License #	State	Expiration	Home Phone #	Cell Phone #	
Primary Vehicle Make/Model	Color	State	License Plate #	Paid Off?	
If not paid off, what is the finance company name?	Amount of monthly payment			Date car payment due	
Primary Bank Name	Bank Contact Person Name			Phone #	
Current Employer Name (Company)	Address	City	State	Phone #	
Supervisor Name	Supervisor Phone #	How Long?	Annual Gross Income	Pay Frequency	
IF CURRENT EMPLOYMENT IS LESS THAN 2 YEARS, GIVE PREVIOUS EMPLOYMENT					
Previous Employment	Address	City	State	Phone #	
REFERENCES (two relatives required, one business preferred)					
Relative	Address, City, State & Zip			Phone #	Relationship
Additional Relative's Name	Address, City, State & Zip			Phone #	Relationship
Name	Address, City, State & Zip			Phone #	Relationship
Name	Address, City, State & Zip			Phone #	Relationship

CO-RENTER OR SPOUSE INFORMATION

Name (Last, First, Middle Initial)		Date of Birth	Social Security Number		
Address	Apartment #	City	State	Zip Code	How Long?
Do you Own or Rent your home?	If owned, is it paid off?	If not paid off, what is the mortgage/finance company name?			
If renting, current landlord name	Landlord Phone Number	Rent/Mortgage Payment Amount	Date Rent/Mortgage Payment Due		
IF LENGTH OF TIME AT CURRENT ADDRESS IS LESS THAN 2 YEARS, GIVE PREVIOUS ADDRESS					
Previous Address	City	State	Zip Code	Previous Landlord Name	Phone #
Drivers License #	State	Expiration	Home Phone #	Cell Phone #	
Primary Vehicle Make/Model	Color	State	License Plate #	Paid Off?	
If not paid off, what is the finance company name?	Amount of monthly payment			Date car payment due	
Primary Bank Name	Bank Contact Person Name			Phone #	
Current Employer Name (Company)	Address	City	State	Phone #	
Supervisor Name	Supervisor Phone #	How Long?	Annual Gross Income	Pay frequency	
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Previous Employment	Address	City	State	Phone #	
REFERENCES (two relatives required, one business preferred)					
Relative	Address, City, State & Zip			Phone #	Relationship
Additional Relative's Name	Address, City, State & Zip			Phone #	Relationship
Name	Address, City, State & Zip			Phone #	Relationship
Name	Address, City, State & Zip			Phone #	Relationship

Date of Rental Order: _____ Retail price: _____ Down payment: _____ Monthly Payment: _____

Approved by: _____

Product Info: Manufacturer: _____ Serial #: _____ Description: _____